6th International Dialogue on Population and Sustainable Development

Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World

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Imprint

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Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World

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Content


Meeting the Challenge
Health and Rights in an

Editorial

The 6th International Dialogue considered the nature of realistic planning for future health care able to meet the needs of the poor in the rapidly growing cities in developing and threshold countries. The Dialogue brought together development cooperation experts and state organisation representatives to debate improved health care provision in poor countries, discuss the challenges that urbanisation presents to sustainable urban development and develop ideas for new action programmes. The discussion focused specifically on sex education and family planning issues.

In 2008, around 3.2 billion people, over half the world's population, will be living in cities and metropolises – and roughly one billion of them will be housed in slums. If the Millennium Development Goals are to be met, i.e., curbing poverty worldwide, promoting the rights of mothers and children, protecting the environment, ensuring equitable and sustainable globalisation processes, and creating a global partnership for development, then decisive measures have to be taken, first and foremost, to support the poor living in city slums.

The problems of cities do not only present a challenge but also opportunities for a better life. Certainly, cities are places of hope for those moving there from the villages. That journey is undertaken precisely because the glittering world of the cities seems to promise a better life. And in fact urban heterogeneous structures do provide niches to facilitate the survival of even the poorest of the poor. Between steel and glass urban towers, the poor build their new homes – often illegally, sometimes tolerated. Frequently their own governments chase them away. But to really eradicate the corrugated iron and cardboard huts, those governments need to supply affordable accommodation, and that is rarely the case. As long as poverty is rife, slums are a part of reality. The poor do not need to be chased away – they need to be helped. They have to be provided with proper sanitation, function-

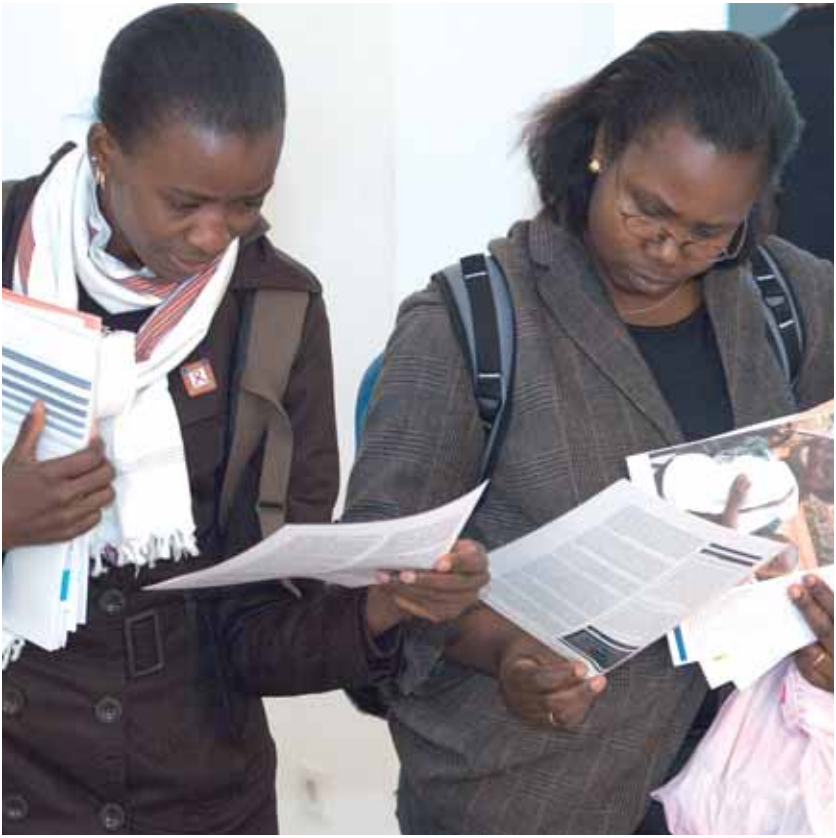
ing water supplies, electricity, schools and good health care. The poor must be able to visit a doctor too and obtain the medicines they need. Bayer Schering Pharma is part of an alliance that is working towards realising this goal and, in doing so, is focusing particularly on empowering women. The position of women and women's rights have to be strengthened. As experts have confirmed, the women living in slums bear the heaviest burden: looking after their children, working to feed their families, and safeguarding their living space. For this reason, it is vital for women to participate in political life. Moreover, a woman and mother must have the possibility of caring for her health. She needs to be given the information on how she can protect herself and her child from illness; if she is given that knowledge, she will use it. To look after her health, she also needs to know how to avoid unwanted pregnancies. In this area, we at Bayer Schering Pharma are primarily putting our efforts into supporting 'unhindered access to contraceptives and the free choice of contraceptive methods'. A situation cannot be allowed to continue where women have to fall back on hazardous, health damaging methods to terminate pregnancies simply because they do not know how they could take risk-free precautions or because they are too poor to afford contraceptives.

Sheela Patel, a recognised authority on slums in her own country of India, commented in an interview: "A city is a melting pot attracting people with different hopes, needs and abilities. The city is created by everyone who lives there, including the poor. It has to work for the benefit of all."

I would like to take this opportunity of thanking all of you at the International Dialogue on Population and Sustainable Development for accepting our invitation and contributing to this crucial debate. I would also like to thank our dialogue partners whose commitment and hard work have, as always, played a significant part in the success of this event.

Dr. Ulrich Köstlin

Member of the
Bayer Schering Pharma AG
Executive Board and the Bayer
Healthcare Executive Committee



“Rapidly Growing Cities – Opportunities for the Future of Children, Young People and Women in the Developing World?”

Evening Panel Discussion, Monday, 8 October 2007

Introduction

Franziska Donner
Director GTZ Office Berlin, Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH, Berlin

Klaus Brill
Vice President Corporate Commercial Relation,
Bayer Schering Pharma AG, Berlin

Kick off – Visualising World Population Development – Data set in a new light

Staffan Landin,
Gapminder Foundation, Stockholm

Statements

Anna Kajumulo Tibaijuka,
Executive-Director, United Nations Human Settlements Programme
(UN HABITAT), Nairobi, Kenya

Gill Greer,
Director-General, International Planned Parenthood Federation(IPPF),
London

Stephen Kabuye,
Mayor of Entebbe, Uganda

H.E. Ing Kantha Phavi,
Minister of Women’s Affairs, Cambodia

Summary of the Evening Discussions

Introduction

Franziska Donner

Director GTZ-Office Berlin
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Berlin

Urbanisation is occurring on an unprecedented pace, bringing with it both - problems and possibilities. Poverty is being increasingly urbanised and urban slums are projected to absorb the majority of the future population growth. The adverse consequences of urban growth are felt most strongly by people living in poverty. These couples are often not able to choose the size of their family often they can not deliver their children safely. In addition, young people in informal settlements, face unique challenges in their transition to adolescence and adulthood in a hostile environment. However, despite these threats

and challenges, urbanisation presents unprecedented opportunities as well, new solutions and unique chances. This year's 6th International Dialogue will draw our attention to these opportunities and chances.

Our conference has two formats, the evening panel on October 8 and the conference day on October 9. The evening panel will focus on the potential of urban growth, and the positive side of urbanisation for social development such as meeting the reproductive health needs of people and promoting gender equity and equality. Distinguished panel members will suggest answers to the question: Why achieving universal access to sexual and reproduction health is important in the context of urban growth, and what potentials and opportunities cities offer in this respect. A presentation will kick off the panel discussion by introducing a new mode of data presentation, putting world development trends into perspective. If we want to reach the international development goals we have to act now in the cities of developing countries. In order to reduce poverty, promote gender equality and the empowerment of women, and to improve maternal and child health and to prevent the further spread of HIV Aids. I wish you success for the conference, creative thoughts and ideas in our house, and plenty of opportunities for exchanging your experiences.

Klaus Brill

Vice President Corporate Commercial Relation, Bayer Schering Pharma AG, Berlin

With 3.4 Million inhabitants Berlin is the biggest city in Germany and the third largest within the European community. This means round about three percent of all Germans are living in Berlin. Looking back in the year 1800 only three percent of Germans in total were living in cities. This is a trend of the modern world in general. People are moving from rural to urban areas.

Nowadays, especially in developing countries, there is a big movement of the people from the countryside to the city. It is mainly poverty that makes people migrate to the cities. They hope to make a better living there. Now you may ask: "Why is Bayer Schering Pharma involved in these issues?" At the first glance, indeed it is not so obvious. We are no architects, we don't build houses, we are no engineers, we don't build water and sanitary systems, we are no politicians or political consultants, we don't advise governments, but we have several health and education programmes meeting the needs of people in less developed countries and regions. We have not only supported family planning programmes for several decades, we also provide pharmaceutical products to the World Health Or-

ganisation (WHO) free of charge to treat African sleeping sickness for instance.

With these activities, we are not only supporting the achievement of the Millennium Development Goals, but rather we are a major partner for these efforts. Further more, we try to engage more partners to join our efforts in this fight. With this 6th International Dialogue, we are again glad to provide a platform for discussion with various partners and stake holders in family planning, reproductive and sexual health. We hope that this important conference of experts will stimulate increasing discussion and maybe create new ideas for the solution of the urgent problems we are facing in the field of reproductive and sexual health, as well as in the area of the neglected tropical diseases.

Kick off – Visualising World Population Development – Data set in a new light

Staffan Landin,

Gapminder Foundation, Sweden

Gapminder is a foundation aiming to enhance our understanding of the world by using statistics and by using a fact based view of the world. I think it is brilliant and surprising that you actually show statistics as a subject of the kick-off of the conference. What we are trying to do is to show statistics that are not boring. By trying so, we developed software that shows statistics in a way that people can understand.

It all started in 1998 from an idea to enhance the understanding of world health. We developed prototype software showing time series of health statistics as moving graphics and varying life conditions as 360° photo panoramas from homes, schools and health facilities. From the prototype emerged the Dollar Street project with Save the Children Fund in Sweden and the World Health Chart project with World Health Organisation (WHO). Within the later project gap minder developed the software Trendalyzer that turns boring time series of development statistics into attractive moving graphics. Collaboration with United Nations Division of Statistic

and United Nations Development Programme (UNDP), started in 2003 with the aim to visualise the fulfillment of Millennium Development Goals with a World Development Chart 2003 powered by a Trendalyzer version that was written in Macromedia Director and required download and installation. In the last two years Trendalyzer has been rewritten in Flash to enable the use of moving graphics directly on web pages. The main project during the coming three years is a collaboration with UN Statistic Division with the aim to visualise UN common database with Trendalyzer on a test site and hence to improve the software for wider use.

I will try to give you a few pictures of the world as I see it, and then direct you to a web page where you can find your own statistics from the point of what you want to see. When we are talking to people, mostly in European Union, and United States, we always get the fact that the world exists of "we" and "them". Normally young people in Sweden are aware and very politically correct, so they know that this is not the term that they should use, and so they start to use more political correct terms and international accepted ways of categorising countries. But as soon as they get into discussions, they fall back to the trap of "we" and "them", which is "we" in the western world, and "them" in the third world. And they are not alone, everyone seems to fall into this trap; it is an old-fashioned way of dividing countries. Then I asked "who are we, what are the western worlds?" and no one can find a definition. When they try to come up with some kind of indicators they end up with this: "In the western world, we have long life expectancy rate, we have a low fertility rate, that is a modern country and then in the third world "they have low life expectancy rate and higher fertility rate".

We at gapminder developed a graphic with a x-axis an y-axis. On the y-axis you find the life expectancy rate: 80 years, 50 years, 30 years. On the x-axis we have children per woman. In 1950 we had a very high fertility rate. In China we have a rate of 6.65, in India a rate of seven per woman.

Now let's see what has happened. Do people live longer in the "developing world today"? Do they have smaller families? You can realise most countries are moving upwards, life expectancy rate is actually getting higher and higher. China is now starting to decrease fertility rate. The Arab countries, have not yet decreased their family sizes. But now during the 80ies they start to do so. In Bangladesh we do have a miracle. Same in Africa. But here it is the tragedy of HIV Aids that pulls down the size.

We tend to believe in our part of the world, that the world is much worse than it actually is. We miss all the progress that actually has happened during the

past 30 years. When we ask people in Sweden or in the Nordic countries, "how many do you think can read in developing countries?" Most people think it is under 30 percent. Most people, more than 50 percent, think that the literacy rate in developing countries is under 30 percent. That is a shame, because it is almost up to 80 percent today. But of course that depends on what you call developing country.

From a statistical point of view, it is easy to see that we can't stop urbanisation. We should not try to stop it, but rather be prepared for an urbanisation that will come.

Gapminder also developed two graphs that show kind of a positive change for most countries. What we wanted to do was to break down the numbers and to see for example within cities, within slums, what are the situations, what are the life conditions for a slumdweller, compared to another urban citizen or people living in the countryside. Still, we think that there is a gap in the data available. There are some areas were data are harder to find. I would, for example, love to show you data on maternal mortality in the world, which would be very interesting and important to show you. Probably in no area the impact of rich and poor is so obvisious than looking at maternal mortrality. In Sierra Leone one of six women is dying during pregnancy or birth. The rate in countries like Germany or Sweden is one of 30,000. This means 5,000 times difference between rich and poor.

As you have probably seen our work at gapminder sometimes brings along a tendency to simplify complex situations in the world. We are having a very simple, conceptual model for how we think statistics and data should be distributed there. We have statistics from the world, we measure the world in micro-indicators and we collect them in macro-indicators. We have statistics for most areas in the world in organisations like the World Bank, UN offices and we would like that data to go back to the world as knowledge. So far it has been hidden, boring, difficult and expensive. That is where Gapminder would like to come in and help bring back the data that lies in different statistical offices and buried in pdf-files all over the world, in an understandable format for people to see and learn from.

All the graphs and more can be found on www.gapminder.org.

Statement

Anna Kajumulo Tibaijuka

Executive-Director
United Nations Human Settlements
Programme (UN HABITAT)
Nairobi, Kenya

My job is essentially to raise the consciousness of the world and also to enlighten the world with the realities of the demographic transition of our time, which is urbanisation. The statistics we have just seen presented by the previous speaker in a very ingenious way, I must say, show that people are moving into the cities. This International Dialogue is actually taking place in a city, not on the countryside. This is the city of Berlin, the capital of Germany. We are here because things happen in the city; be it science, technology, culture, arts, invention – you name it. A city therefore is a the place where people want to be. Urbanisation itself is not such a bad thing per se. It is actually a logical outcome of successful economic and technological development policies. People move to cities in the hope of improving their situation. For HABITAT, as a United Nations programme, our task is to raise awareness that we need balanced territorial development; that we have to worry about the urban areas, as much as we worry about development in the countryside. Within the UN family of programmes, this was not necessarily well understood initially, because we all believed, that people would be happy living in the country. We focused

on rural development and assumed people would remain where they are, but people didn't remain there. They have instead moved into cities and towns rapidly and without adequate preparations for them. The movement was happening chaotically, haphazardly. People were being trapped into slums of which we have seen some statistics presented earlier. This is not a good thing. People, who had moved from the rural areas were now actually victims living under the most appalling human existence, where women and kids were affected the most. If you have visited a slum you know this is a place where people have no access to safe drinking water or to sanitation. These places are overcrowded, people's safety and security are in doubt, not to talk about their health. In the slums of today, one billion people are trapped into the most appalling conditions of human existence of our times. This is an area in which UN HABITAT is working. We are trying to see, that we improve the conditions of the urban population that has been left behind. We have to put our actions together and try to prevail over this unacceptable situation.

Implemention of development

You raise awareness in order to be able to create the necessary political will so that appropriate action can be taken. We need people to understand, and people to believe. Unless the problem is a household issue in politics you will not be able to move. We also have to take into account, that people who need to understand the magnitude of the problem and to take action are not only people in the South, but also people in the North. It has been very difficult to get the resources we need to invest in urban areas from governments in the North and South because of lack of appreciation of this urban reality. Like Stephen Kabuye, the Mayor of Entebbe is saying, infrastructure is overwhelmed when population is doubling very fast. I think our task at UN HABITAT is to say, that people are moving into cities and we need requisite investment to go into the cities to cater for this rapid increase in population. With the movement to the cities new issues arise. For example, some people could be pushed to risky behaviour for lack of alternatives and early exposure to new challenges. We have seen many girl children turn to prostitution to raise money in order to move out of poverty. I myself come from Tanzania, just South of Kampala, so I am very familiar with the cultural systems in this region. They are hostile to women. A girl child and particularly married women don't have land rights. I am very happy to hear from the Mayor of Kampala that women are now sitting in local councils of Uganda. However, generally the reality in Africa is that women are marginalised. That means they don't have access to factors of production such as land, credit, education

and skills. Women often become prostitutes in order to make money to buy land. This is a reality. A widow becomes landless when her husband dies, because the land belongs to the clan. These are the realities still in many places. Sometimes people come to the city and they are forced into prostitution. Also because of HIV Aids things have become worse. For example, Uganda is the epicenter of the HIV crisis in Africa, HIV Aids first started there. Many orphans have been forced to destitution and end up in risky behaviour.

UN HABITAT is working together with other UN programmes on this complexity of urban problems. As local actors we identify problems that are then picked up and popularised by our bigger sister agencies. For example this year, UNFPA's Annual Report is addressing urbanisation. Essentially, it was echoing most of our findings in our 2003 global report on human settlements titled "The slum challenge". Our colleagues in theUnited Nations Population Fund (UNFPA) have now come up with the issue of population in urbanisation. So this shows how we are working together to make sure that we get the right policies. At the World Urban Forum in Vancouver in June last year, for example, I stressed that we have to look at the city level statistics because national level statistics do not always convey a true picture in the slums. The World Urban Forum is an open ended conference for all interested in city development. It is like a market place for ideas, for exchanging ideas, and that in matters of city development, there is no text book but we have to learn from history and from experiences or best practices. By the way, a participant in this conference, from the UNFPA, was talking about Charles Dicken's, Oliver Twist. Let's therefore take this example: Oliver Twist was a street child in London. He was hungry, and so he was asking for more food. It shows that the problems confronting the cities of the developing countries today, also did confront the cities of the developed world in the past. They were overcome by appropriate policy interventions.

In order to fight or resolve all these grievance you need conscious public policy. In the United States, for example, the first European immigrants who went to New York, didn't find the American promise, ready made. They had to first live in the tenements of downtown Manhattan in Soho: In the tenements life was terrible, there were only makeshift beds. But within this misery there were opportunities, in the long term. There was a Danish immigrant, a journalist called Jacob Riis. He finally found a job in New York as a reporter. He went around with his camera, took the photographs, and wrote his book, "How the other half lives". That is what changed America. People were shocked to read the book, and this galvanised public

opinion and generated political will for action and follow up investment into affordable housing.

If we take Nairobi, where UN-HABITAT is headquartered, 60 percent of the urban population live only on 5 percent of the residential areas. The rest is reserved for the sprawling high class neighbourhoods for the elite and middle class. Those are the statistics. The majority of the people are crammed in small places hidden away from the public and visitor. You can imagine the inequality in this city of Nairobi. May be a number of you have been in Nairobi, but you might not have seen Kibera. Kibera, is the largest slum in Africa, with about one million people on only 240 hectares of land. So, in these places it is very insecure. Children have no access to schools for there are no schools in Kibera to talk about. It is an informal settlement, it is an illegal settlement so schools and other public services are not provided. Residents have no access to water and sanitation. Safety and security is one of the biggest challenges facing the urban poor. Our global report this year, is on urban safety and security. The report shows that terrorism is of course also a challenge. But the probability of being a victim of a terrorist attack compared to be striked by for instance diseases or crime is very small. However, the report shows that the chances of falling a victim to violence lies around 60 percent. Whether we will have a sustainable development or not is a question of action, policy, investment, the way we divide the income that is generated, the way we design the cities and towns!

Financing development

The United Nations is owned by member States, we don't have any money of our own because we are not a taxing authority. We are in the hands of member States and particularly the donor countries when they give voluntary contributions, and those willing to support our programmes. So we need support for our work on sustainable urbanisation.

I certainly think that in the long run urbanisation is a good thing but it is not to be idealised. At the moment, urbanisation is happing rapidly, in a chaotic manner, it is potentially explosive and therefore creating vulnerabilities. How can we stop this? This is not something you can stop by degree, because it is an economic process and there are economic forces at work. The theories are very clear in that. I think, I would like to see this idea of fighting urban poverty, translated into a real life process. The employment sector in the urban areas is "construction" and the majority of the people are living without houses. Housing construction, in my view, becomes a logical consequence of creating employment whether for young girls, for boys, for the youth, for the excluded, or the poor. But, I am very sorry to say, at the moment, this is really an unmet

need. Mortgage finance for the poor is not in place. I would like to say that, and this is really a message for the donor community too, the government of Germany and actually to Minister Heidemarie Wieczorek-Zeul, whom I regret I will not be able to meet. I think, we need to link up income generation for the urban youth through housing construction. You know, it really is a straight-forward issue. If these young men and women could be put to work, to improve their own neighbourhoods, to improve their own housing, it would be a win-win situation for everybody. What is missing now is seed capital, to kick start the process. Micro-finance is great, has solved many problems, but housing finances is slightly different, because you need long-term mortgage arrangements, and these are not in place. This is the product in which again we are working.

Recommendation

Of course education and employment creation should be able to help us with rapid fertility rates. I would like to emphasise: population control is something that comes with education but also there are many other factors which come into the picture. If life is not improving, if poverty is growing, if infant mortality is high, women will continue to have many children. I would also like to push, that it is not a question of distributing pills and condoms, it is a question of improving the quality of life; it is a question of the children surviving to convince women to get out of having many children; also to promote cultural change.

Migration in Cities

When I am not happy in Berlin I will be thinking about Bonn and other options. Basically this is why people move. Very few people coming to Germany as immigrants are coming from the countryside. Most of them are coming from the cities of developing countries. For UN HABITAT therefore – this is part of our now project – we are trying to promote, what we would call "balanced territorial development". If you don't have balance within the territorial development, then you have explosive migration, where population becomes concentrated in one big city. We already have many mega-cities, those are cities with more than 10 million people. We even have now meta-cities, those have more than 20 million people, and these are increasing. This development also impinges on democracy and governance in cities. You can imagine what it means, when more than half of the population of a country lives in one city. It changes the governance structure. The Mayor becomes maybe a more powerful person than the Head of State, and this can create political tensions and vulnerability on the governance level. So, what we are recommending at UN HABITAT, and

this will be taken up if I may mention again, run a commercial for UN HABITAT. The next session of the World urban forum is taking place next year in October around this time in China. The topic is "Rural Urban Linkages".

How do you secure the balance of the territorial development. The Chinese are calling it harmonious urbanisation. As we have seen from the statistics shown before, China is pressing to discuss these issues, because in China we could say mankind is on the move, we can see a major demographic shift. The good news is, the majority of the people are still living on the countryside. Still there is place and time to do the right policy. We can actually improve their lives where they are. We recommend what we call "secondary towns development or rural growth nodes. By creating opportunities is these centres across the countryside everybody does not have to come to the capital city. However, this will require investment in the infra-structure. The reason you don't have mega-cities in Europe, is because there is infra-structure. Different urban centers are well interlinked.

Climate Change

60 percent of the African big cities are located at the coast. Now, climate change has complicated matters for us. We haven't gone into that, but actually as we meet here in Berlin, the United Nations General Assembly in New York is now discussing climate change. Rising sea levels would mean that these big cities on the coast are in danger, have become vulnerable. We are recommending, and this is a recommendations for donors, that there is need to promote secondary towns, to have right programmes. We have e.g. a programme at UN HABITAT which addresses these challenges. Entebbe in Uganda is part of that programme. It is a water and sanitation initiative, for secondary towns around Lake Victoria. We try to improve the situation in these secondary towns so people won't find a reason to say, "I want to go to Kampala, I want to go to Nairobi, or another big capital city in the region. So, balanced territorial development requires infrastructure but also rural growth notes through small urban centers.

Statement

Gill Greer

Director-General
International Planned Parenthood
Federation (IPPF), London, UK

I want to go behind the statistics for a moment and talk a little bit about the people behind the statistics. A couple of months ago, I had the privilege of launching a project in Uganda, in the slums of Kampala. It was for Moonlight Stars, young women who don't want to be called sex-workers, but it is a young sex-workers and an HIV Aids project. These young women came to Kampala, looking for jobs, some of them to escape from the prospect of a forced marriage, some of them to work in a domestic situation, some to find an education. In the end they finished up working on the streets in the muddy lanes of this poor particular area.

The project was about involving them, helping them participate in deciding what they need, how they want to do it, and how to support them. It was also about how the local community, including the local health centres could work with them and civil society. I listened

to their stories: women selling sex for under a dollar, men who would not use condoms and are often violent, most of the young women with children. Two months later, we have distributed 16,000 condoms through "condom banks". The clinic was set up in a former laundry; the project includes sewing machines that are a part of teaching life skills and livelihood skills, and a literacy project. The women are visited in their homes often by their trained sex worker peers and provided with information about sexually transmitted infections (STI) and family planning information. They are learning about what it means to be able to make decisions about the number of children that they might wish to have. They also learn that by reducing the number of children, the children have more chance to be educated and healthy, and that they are also reducing the pressure on the environment and on their own urban environment. But it must be based on choice. Much of the health service delivery is also focussed on their children and aspects of primary care.

Challenges

What does that "icebreaker" project tell us? It tells us, you must involve all the people who have too often just been seen as the "beneficiaries". They must be involved as the actors, as the decision makers, as the key planners. It tells us how important it is to empower women, to have gender-based strategies, to end violence against women and to involve the community in this process. This project tells us that people must have sexual and reproductive health information and services, so they can plan, they can choose the number of their children and they can decide when they want to space these births. They can protect themselves and their children from HIV and therefore prevent mother to child transmission and the infection of new generations. It tells us as well that we must have social cohesion, as that too often breaks down. It tells us that we must measure, even in a very rudimentary way, what we are doing, so that we can actually have some evidence to demonstrate the truth, to support the human stories. It tells us most of all, that we must eradicate poverty, because poverty breeds violence and HIV; poverty leads women to have more children because they are desperate to make sure that some of those children will survive, or because they cannot access services or commodities.

Those, for me, are the lessons learned about what we can do. Ideally, we do it beforehand, before such slums develop, we have the vision and we work together. If not, at least we can say: "We can do that now, while we plan for better cities in the future."

Urban population and internal migration have become a priority for us. Obviously as everyday people move to cities, those needs must be met. We have sim-

ilar projects with street children, with young sex-workers in Guatemala, Peru, Bolivia, Nepal, in Ethiopia, Ghana, so increasingly across the globe. I think we used to think of rural women as being the hardest to reach, but we know now that it is equally hard to reach people in urban situations. Very often, of course, there are issues of transport. Often too, they have no identity documents, so how can they prove their right to access government health services? Often too, the journey to a centre is a further risk.

Key success factors in the future

I think key sucess factors in the future bring us back again to planning and to having a joined-up strategy. There are many stakeholders, the councils, the civil society, United Nations agencies and others. I think we can talk easily about joined-up comprehensive strategies, but it is actually hard to put it into reality. People get into silos, and they have their own specific budgets and it is very threatening to break that down and work together. We are not going to really make a difference in terms of urbanisation unless we accept that we must work at it together. I could advocate that, yes, we should all live in the countryside, because before I got this job, as some of you know, I lived in New Zealand, which is the size of United Kingdom and Japan and we have 4.5 million people and 54 million sheep. I might well suggest that the rural lifestyle is the best. But that is unrealistic: We do need to recognise that cities will be where the population will be, through the smaller ones rather than mega cities.

Situation of youth in cities

The other point that I think is so critical there, is that increasingly there will be more young people in city environments. And looking at this fact, there will be increasing problems: more young girls than young boys migrate to cities in most parts of the world at the moment. Secondly, more young girls than boys say that they have no safe place to go. By a large percentage, more young girls also say that they are on their own, that they are completely isolated, more so than young men say that they are. Inevitably, as we have been talking about, they are much more vulnerable to violence, to sexual abuse, to exploitation. So it is very important to involve young people in planning. We are lucky enough to have a youth representative at this International Dialogue from Ghana, involved, for example, in governance of our organisation, and it was great to hear the Mayor of Entebbe Stephen Kabuye say we should involve young people in governance as well. We want to involve young people as advocates. They know what they want; they know how important it is, for example, that when you are able to provide water, that the access points are not too dis-

tant from each other; so that there isn't a risk in going from one point to another. They know that it is not just about needing to provide education for young women who have had babies and want to continue education or be part of the work force. Those same young women also need housing; they need somewhere to have their children looked after while they are studying and are trained. They also need transport.

I think political will is very important. We learned from Mr. Kabuye, that his national government is providing financial incentives to local authorities to put successful measures in place with indicators to judge. The local bodies can not be expected to act without infrastructure, without funding, without resources, without capacity or capability. I think this is really important.

Political will in empowering women

I really would like to congratulate the German government on its really strong push in its leadership of the integration of sexual and reproduction health and rights and HIV Aids. We cannot prevent the spread of HIV; we cannot prevent mother to child transition without integrating sex education into broader education and empowerment strategies. In particular, giving young people a voice and empowering women, is often a threat. We have to make it clear that empowering women does not mean disempowering men; rather it means that both can be strong; that families are strong, that governments are stronger when they include women.

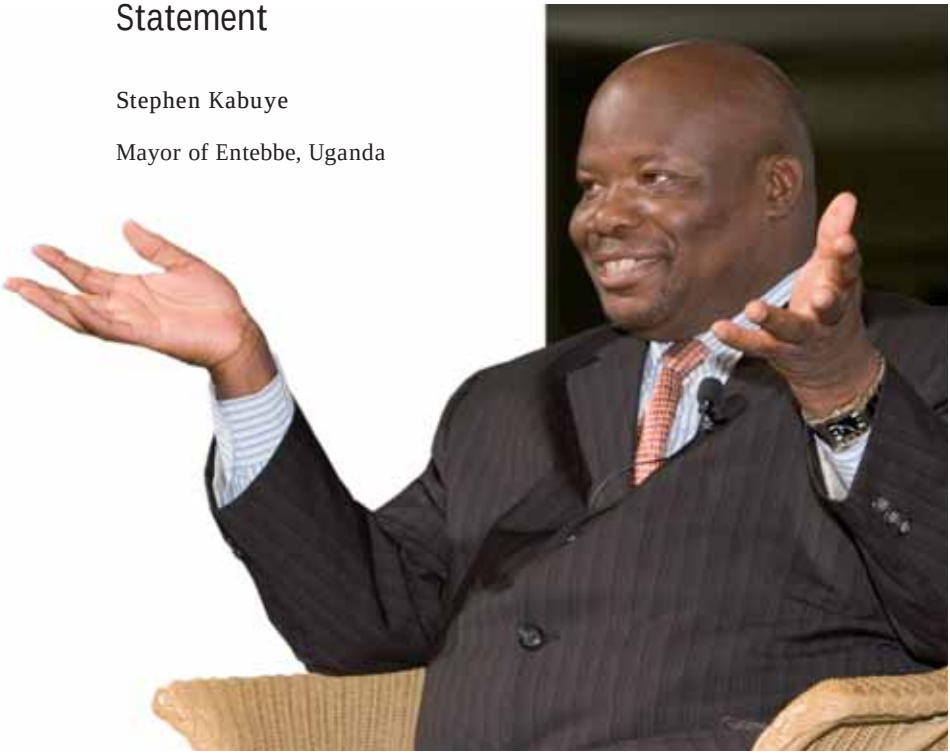
Conclusion

I think as we have all agreed, cities are here to stay and certainly some are more fragile. There are millions of women, some 200 million a year who cannot access modern methods of family planning and who wish to do so. I would like to say to donors: if you enable women to have access to services, to information so that they can choose, and I stress the "choose", the number and spacing of their children, then you will in fact reduce the pressure on cities. Enabling access to information services and commodities is I think, a far more effective way of trying to reduce that pressure on fragile environments than trying to stop or slow down migration. We have learned stopping migration does not work. People will find a way. No matter what barriers, what physical barriers we put in the way, people will come. I think that is really critical to remember. So one of my messages would be: work with young people to provide them with information and involve them as peer educators and involve women as peer educators. Another message is: address unmet need, deliver access to information and services, because it is in the world's poorest countries that you will continue to have those highest birth rates.

Statement

Stephen Kabuye

Mayor of Entebbe, Uganda



This year, 2007, Uganda will be celebrating its 45 years of independence. The population in Uganda formerly was six million, today we are 28 million. The capital city of Kampala had about 60,000, today it has over two million. The population is high, definitely too many people are moving to the cities. Of course there are reasons, and moreover good reasons why people have to leave their places in the countryside: They can see light in town, they can think about safe water. Sometimes the wells dry out and people don't have water in the villages. They can taste a piece of meat, whether they get it from the dust bin, that doesn't matter, as long as they have tasted it. Then you have these ladies, you know those very good ladies, that come to exchange their bodies for money. They can never find a market in the village and so they also come to town to earn a living. But also mad people come to cities.

As you all know, at every market place you will see a mad person loitering around but in villages, you don't find many of them.

What I want to say is, the challenges of urbanisation are quite many, but that does not clearly prevent urbanisation to take root. The issue of infrastructure for instance, when Kampala had 60,000 inhabitants at independence, the roads, the sewage system and everything was intended for those 60,000 inhabitants. Now we have, about two million, but we still have the same infrastructure. In some places there are floods, because the drainages are blocked, there are too many people and very little space left for development and human habitation. My view is, that there is need to bring everybody on board as much as we can in order to address the challenges of urbanisation as they are real and we are to live with them.

We have therefore to plan our cities together. To achieve the above desired participation, there is need to involve strong democratic institutions backed with affirmative action for various marginalised groups, for example; persons with disabilities, women and young people. As you may be aware, the government of Uganda through its democratisation process supported with decentralisation as a system of local governance, has enabled us fully to involve categories of interest groups in the effective planning and management of our city. In my council in Entebbe municipality for example, we have full representation of various categories including persons with disabilities. The affirmative action for women has ensured that 30 percent of our Councillors are women, as well the youth are well represented; you can never have a Council without them.

The reason for effective representation of categories is that there are some interests which may be left out during the planning process. In the essence this enables us to come up with a plan for cities which accommodates everybody's interest. As city managers in the developing world however, we are challenged to separate our local culture and its practices from urban settings for example as our tribesmen come from the villages, they come with their goats, cows, pigs, to stay with them in the town. This is a problem; you can perhaps imagine how you go with such animals the apartments in our cities. Such challenges are typical of our cities in Africa.

Another example is that people come as well with garbage. There is also a problem of waste management which has proved to be a big challenge to city planners and managers. In addition slum dwellers are residents in the town who have to participate in stakeholder discussions and decision making. In our council, slum dwellers are represented through their elected Councillors. Their representation is further strengthened by area local Councils at lower level. Our central government is working through local governments. The central government transfers funds to support

local governments in various sectors like education, health, roads, etc.. In education for example the funds have enabled construction of classrooms and teacher's houses. The city therefore has a potential of opportunities for young people and women provided participation in decision making is effected through democratic institutions and decentralisation that brings power close to the people.

Statement

H.E. Ing Kantha Phavi

Minister of Women's Affairs, Cambodia

Cambodia, still ten years ago was considered to be a post conflict country. Therefore the actual development in our country is different than those of the neighbouring countries. Of course, Cambodia and its capital is rapidly growing. But we don't have yet the mega-cities with this big dimension of slums and all actual problems related to slums.

However, due to the fast speed of urbanisation in our capital, the municipality of Phnom Penh is trying to address the basic needs of a growing population (security and safety of people, infrastructure, land, drainage system, waste management, social services) and assisting the government to slow down the rapid migration from rural areas to urban areas and to ensure the safety of people who migrate. How do we address this rapid urbanisation which is a pull factor for labour migration from rural areas and how do we focus our efforts to re-

duce the vulnerability especially of poor people, women and children within this new paradigm.

We can't address the issue of rapid urbanisation and rapidly growing cities without looking at the regional development as well. You can not just talk about urban development without talking about provincial and rural development. Increasing regional development might help to slow down the migration, in order to avoid the mega-cities where a lot of problems may occur. The policy of my Government already did take into account such perspective and fosters the economic growth, the creation of employment nationwide, ensuring equity and promoting the efficiency.

In Cambodia, we acknowledge a crucial problem of smuggling and trafficking of human-beings linked to an unsafe migration and poverty, as well as all forms of violence against women and children due to the legacy of three decades of civil strife. I am very happy to meet Stephen Kabuye, the Mayor of Entebbe to get further information and to share experiences how he has addressed such crimes and violence existing in his city.

Now in Cambodia we have 80 percent of the total population living in rural areas. Usually the dream of people coming to live in the urban areas is the opportunity to generate wealth. They believe that they will have a better opportunity to generate wealth in the city with the dream of getting a good employment, a better opportunity for business and a better standard of living. These are the pull factors attracting rural people to the cities.

The positive aspects about urbanisation are the easy access to economic and social services in the big cities. Education is one of them. Most of children, boys and girls living in rural areas have access to primary education as it is common in the countryside of Cambodia. However, in the upper secondary education, there is a high drop out of children and especially of girls whereas in the urban areas, the number of children and especially of girls who are attending upper secondary schools is growing due to the proximity of school facilities, better security, better family earnings.

The role of women is important in the process of urbanisation. Her role in a good family planning impacts on the population growth dynamics and is an important criteria to a sustainable development. An empowered woman plays an active role within the family and community, having a positive influence on her children in term of education and contributing to elevate the economic level of the family (reducing poverty) and to maintain a culture of non violence.

This is the reason why my ministry is working closely with all line ministries and local governments to mainstream

gender concerns in their policies and programmes. We are working with the local governments within the decentralisation process. We are advocating for an increase of women at decision making level and the result is quite significant. The representation of women at the commune council has doubled. As well there is a significant increase at the village council. From Cambodian past experiences, women give a priority to social order such as security and safety of people and to social services and their quality improvement such as child care centres, schools, a better access to reproductive health services with quality before thinking about infrastructure and economic issues. These are important issues for the well being of the community.

Another important work in my Ministry consists in implementing programmes on women's empowerment to assist them to do informed choices and to prevent themselves from vulnerable and exploitative situations such as giving them information related to what is going on when they migrate and how they can reduce their vulnerability when they migrate.

Despite the high rate of violence in the city, women seem to feel more secure in the city than in rural areas, where they can have an easy access to the police and to all security and social services.

Links to the donor community

We need more investment in human development programmes with regard to the population growth issues, gender issues, education issues, health issues such as reproductive health and family planning. To slow down the population growth and to reduce chronic poverty in the developing world which are closely linked, are the foundation for an inclusive and harmonious urbanisation leading to a sustainable development. We need specific programmes for poor women who have many children.

We are asked to achieve the Goal 3 of the UN Millennium Development Goals (which is Gender Equality) using the mechanism of mainstreaming gender issues in the government policies and programmes and within our society, but I notice that in the donor community they often forget this issue. We try to comply to the requirements requested in our bilateral and multilateral cooperation. However, the development partners themselves are not seriously contributing or helping us to implement the work. As I mentioned above, women's empowerment is crucial and closely linked to the demographic dynamics. That means that you cannot talk about demographic dynamics and the growth of population without talking about women's rights and women's empowerment. And of course we also need a good youth policy. As you know, in developing countries, we have a large number of young people. In Cam-

bodia, 70 percent of the total population are under 30 years old and we are concerned of the need in having good policies and programmes for them so they will move forward in the right direction without being involved in violence, crimes and drugs. In addition, we need jobs for young people coming annually in the labour market.

Coming back to the economic issues it is very important to empower women economically. This economic power will contribute to their self sufficiency, their self confidence and their advancement in the society and prevents them to fall in exploitative situations. The German Technical Cooperation, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), is working now in Cambodia on the development of micro-, small-, medium-enterprises. This is the key idea to provide jobs and employment opportunities in rural areas in order to slow down migration to urban areas with all the risks I told you already. My ministry is also working on women entrepreneurship development programmes, promoting the development of women's small and micro-enterprises in rural areas and the development of rural waged employment for women through the creation of rural enterprises.

The ongoing work is a long process, effectively implemented due to the strong political willingness and commitment of the government to move toward a sustainable and equitable development giving benefits to all Cambodians.

Summary of Evening Panel Discussion, October 8th

Defining the opportunities and chances offered by urbanisation in developing countries was the subject of the 6th International Dialogue on Population and Sustainable Development. Speakers Franziska Donner, Director of the GTZ Office in Berlin and Klaus Brill, Vice President of Corporate Commercial Relation at Bayer Schering Pharma, highlighted in their opening addresses that the conference would take a particular look at women, adolescents and children within this context. As such, discussions were to examine whether these population groups, despite living in poverty conditions, have better access to social and healthcare programmes and stronger opportunities for political participation when they move to urban areas. Furthermore, the dialogue set out to define the issues of reproductive health in the context of rapid urbanisation.

Franziska Donner stressed that "if we want to reach the Millennium Development Goals (MDGs), we have to act now in the cities of developing countries to reduce poverty, promote gender equality and the empowerment of women, as well as to improve maternal and child health and prevent the further spread of HIV Aids."

Pointing out the reasons for Bayer Schering Pharma's involvement in the issue of urbanisation in developing countries – which are not necessarily that obvious –, Klaus Brill stated: "we have several health and education programmes meeting the needs of people in less developed countries and regions". These programmes are embedded in an overall Family Planning Programme, which is at the core of Bayer Schering Pharma's social commitment. With these and similar activities, the audience learned, Bayer Schering Pharma is not only giving support to the achievement of the MDGs but is also a major partner in these efforts.

The panel discussion kicked off with a contribution by Staffan Landin from the Gapminder Foundation, Sweden, who introduced a new mode of data presentation. He showed social, economic and environmental development trends at local, national and global levels, by using animated statistics, thus helping to make these more accessible to the audience. Up to now, statistics have not been made properly available, nor have they been visualised comprehensibly enough, which is why we are confronted with preconceived ideas, missing all the progress that actually has happened during the last thir-

ty years. For example, from a statistical point of view, urbanisation is neither good nor bad, if anything, it represents an opportunity. We cannot stop it but should rather plan it better in order to be prepared for what is to come.

Some participants stated that presenting statistics is not really always the answer. What is more important is how statistics speak to you. Many supported the idea that demographic data is essential for analysing the situation of growth, raising future scenarios and anticipating the magnitude of the challenges, a point that was repeated often.

Distinguished panel members suggested answers to the question as to why achieving universal access to sexual and reproductive health is important in the context of urban growth, and what potentials and opportunities cities offer in this respect. None of the speakers considered urbanisation itself to be a bad thing. Anna Kajumulo Tibaijuka, Executive-Director of the United Nations Human Settlements Programme (UN HABITAT), Nairobi, pointed out that cities attract people, as they expect to find employment, education and better living standards there. Cities will be the future. Migration from rural to urban areas cannot be stopped, whatever policies we may adopt, and also should not be stopped. The problem is not growth, but growth without adequate planning. Today, the world population is 6.6 billion and will increase to about 8.2 billion by the year 2030, according to UN statistics. The global urban population, which exceeded that of rural people in 2007, is predicted to rise from about 3.3 billion to 4.9 billion. Africa and South East Asia, home of the majority of the one billion slum dwellers worldwide, will experience the highest growth. People living in this situation are trapped in utterly appalling conditions with women and children affected most, argued Tibaijuka. However, urban growth, on the other hand, can contribute to sustainable development if it is managed effectively and with equity. “So what we have to do is address these huge challenges appropriately so that it becomes a win-win situation for everybody”, the UN official reasoned.

In her presentation, she explained that she would like to make HABITAT a more active body in concentrating on realistic planning to improve conditions for the poor in urbanising processes. For HABITAT, the task now is to first raise public awareness in the South and the North about the need for balanced territorial development in order to take action, for example, in providing prerequisite resources for urban governance and infrastructure. Secondly, they want to promote both urban and rural areas to the same extent. It is fundamental that future plans have an approach that integrates cities and rural areas. Bringing a gender perspective into urban planning theory and practice is also highly rec-

ommended. HABITAT works in tandem with the UN family of agencies, programmes and funds to ensure that the right policies are taken on board.

In Cambodia, the urban population is only 20 percent of the total population. As yet, there are no mega-cities, as there are in countries like Mexico or Thailand for example and, to date, Cambodia has not developed slums with all of the problems related to these, according to Cambodia's Minister of Women's Affairs, H.E. Kantha Phavi. Nevertheless, the number of people living in cities has grown dramatically over the past few decades, making Phnom Penh a city with one of the highest rates of urban growth on the globe.

Adolescents and young adults are disproportionately represented among migrants. The relatively high number of female migrants to Phnom Penh in recent years reflects rapidly growing job opportunities in the garment industry. This shifting population has many implications, including increased vulnerability to forced labour, sexual exploitation and human trafficking, as well as isolation from the extended family. The government and the Phnom Penh municipality are ready to address and to manage these challenges, the Minister emphasised. Of course, the authorities will also exploit the opportunities that urban areas offer to their dwellers as there are better access to education, and economic and social services.

The International Planned Parenthood Federations's (IPPF's) strategy is about involving young people and governments, declared the movement's Director-General, Gill Greer. In her statement, she talked about the people behind the statistics, reporting on health and family planning projects in various African countries. Here, she focused on a project for young sex workers who face very hard living conditions and poverty in a slum in Kampala, Uganda. The project was about involving them, helping them participate in society, and also dealt with how the local community and local health centres could work with civil society. It covered activities such as distributing 16,000 condoms to a condom bank, setting up a small clinic, teaching livelihood skills and implementing an illiteracy project. The sex workers are also visited at their homes and provided with family planning information, and they are learning about what it means to be able to make decisions about the number of children they might have.

Projects like this, the IPPF Director-General reckons, show that you must involve people who too often have been regarded as the "beneficiaries" of such projects, rather than as actors, decision makers or key players. "It tells us how important it is to empower women, to have gender-based strategies, to end violence against women, and to involve the community in that. It tells us peo-

ple must have sexual and reproductive health information and services so they can plan and choose the number and spacing of their children, as well as protect themselves and their children from HIV", Greer said. For her, this shows what has to be done, ideally beforehand but, if that is not possible, then at least lessons can be drawn from what has gone before and we can say: "This is what we can do now while we plan for the future generations of urban dwellers."

Representing a country in which the capital city Kampala has seen its population grow from 60,000 to about 2 million over the last 45 years, Ugandan Stephen Kabuye, Mayor of Entebbe, knows that rapid urbanisation poses several problems to authorities of large cities, for example, inadequate infrastructure and insufficient health services. These challenges can only be met by cooperation between all stakeholders, such as academics, civil society and political leaders at both government and local level.

At the Entebbe municipal Council, he has increased the role of citizens in the process of initiating and formulating policies. In order to satisfy the interests of everybody, including those of women, young people, children and people with disabilities (PWD), the council allocates ministers responsibility for the respective groups, which the mayor thinks is a must.

In the subsequent discussion, the participants very much agreed on the need for a new urban policy for balanced territorial development and the significant role local governments should play in this. They also stressed that economic development and job opportunities are a decisive precondition for improving health-related factors. "Donors, UN and governments should put employment much higher on the agenda", argued Madeleen Wegelin from the Dutch Royal Tropical Institute. Another point where consensus was reached was civil society participation, where it was agreed that we cannot come up with new urban policies unless we actively involve the citizens in defining these policies. Criticism came from one discussant from Kenya who argued that "if we focus on migration, we might miss the big picture". As cities are no longer growing because of rural-urban migration, but as a result of high birth rates, family planning and contraceptives are key to urban development. This point was taken up and elaborated upon in the second day meeting.

Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World.

International Dialogue, Conference Day

Tuesday, 9 October 2007

Welcome Address

Klaus Brill,
Vice President Corporate Commercial Relation,
Bayer Schering Pharma AG, Germany

Jörg-Werner Haas,
Director of Division of Governance and Democracy,
Deutsche Gesellschaft für Technische Zusammenarbeit
(GTZ) GmbH, Eschborn

Opening Address

Erich Stather,
State Secretary, Federal Ministry for Economic Cooperation
and Development (BMZ), Germany

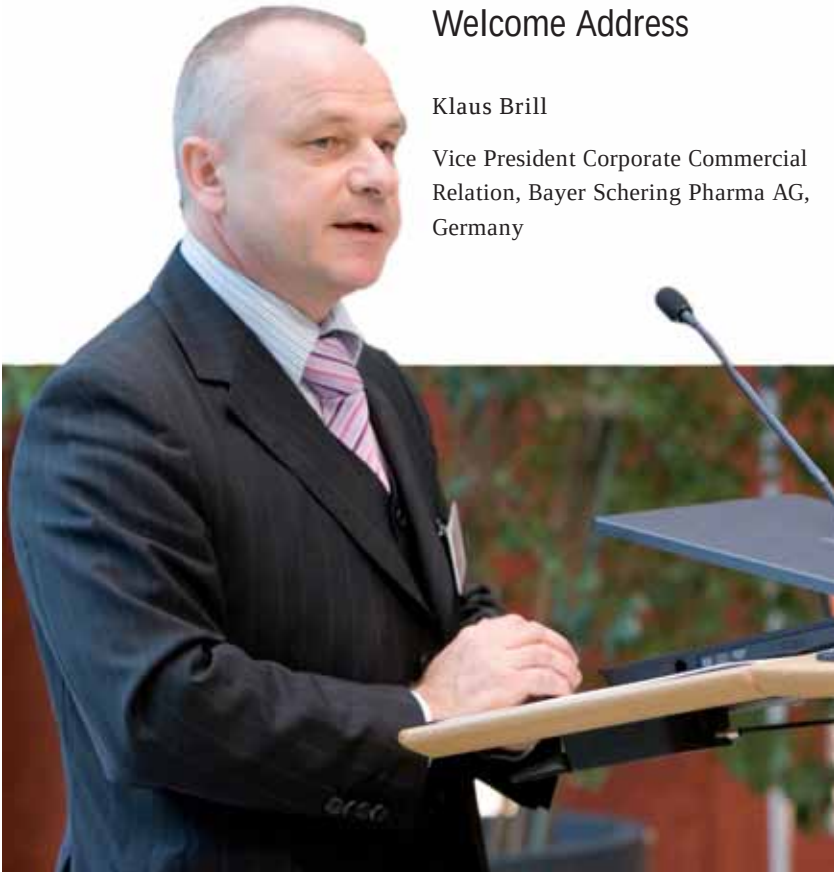
Keynote Addresses

Rogelio Fernàndez-Castilla,
Director Technical Support Division, United Nations
Population Fund (UNFPA), New York

Sharon Camp,
President and CEO, Guttmacher Institute, New York

Alex C. Ezeh,
Executive Director African Population
and Health Research Centre (APHRC), Kenya

Carolyn Stephens,
Senior Lecturer, London School of Hygiene and Tropical
Medicine (LSHTM), London



Welcome Address

Klaus Brill

Vice President Corporate Commercial Relation, Bayer Schering Pharma AG, Germany

This year I am representing Bayer Schering Pharma. The name has changed, but the engagement in the issues of family planning, reproductive and sexual health of our company is still the same. We even could expand our engagement. This year for instance, Bayer-Schering helped to launch the first World Contraception Day, a long-term multinational campaign aiming to raise awareness of contraception, to improve the level of education regarding reproductive and sexual health, and by this means to reduce the high-levels of unintended pregnancies. As you might know, 50 percent of all pregnancies around the world are unintended and 50 percent of those end in abortion. This is an alarming situation which Bayer Schering Pharma wants to fight. We agree that this 6th International Dialogue focuses on cities. Our experience is that especially in urban areas there are good chances to reduce the number of unintended preg-

nancies. Cities usually provide a better infra-structure about which kind of contraception are given, how to handle them and the implications. As a leading producer of contraceptives we are supporting activities to enhance women's health and therefore we are looking for partners within a network of international experts working in the field of family planning, reproductive and sexual health.

This conference has become a very important annual event for such an international network. I was told, when the International Dialogue started, it was more or less, even if an important one, a meeting of national experts in the field of reproductive health. It is the 6th conference in series and it is getting more and more established internationally as I can see when I look at the audience. As a representative of Bayer Schering Pharma, I am proud about this fact. Since we have been a kind of midwife, we have helped this conference to see the light of the day. This year's conference is focusing on sexual reproductive health and rights in an urbanising world. This is a very important aspect, if we want to reach the Millennium Development Goals. Since, as we know, 3.3 billion people worldwide are living in urban areas now. As you know, almost one billion of those are living in slums. Therefore, it makes sense to look at the challenge this tendency brings with it. We have to ask especially what we can do for these people.

We from Bayer Schering especially want to know what we can do to increase the access to health systems and to contraceptives, and how to make more young people know about family planning issues, how to make sure that women can choose if they want to get pregnant, how to secure the human right of free-choice.

Welcome Address

Jörg-Werner Haas

Director of Division Governance and Democracy, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Eschborn

Next year 50 percent of the total population will live in cities. The really new in this is, that it needs to adjust urban policies to the needs of the people living in those cities. Anna Tibaijuka, Executive Director, United Nations Human Settlements Programme (UN HABITAT) stressed that we need this new urban

policy for a balanced territorial development. She talked about cities, she talked about secondary cities and the important role of local government. We need this local policy to use the unique window of opportunities for situations like in Cambodia where by now about 20 percent of the people live in cities but about 80 percent are moving to the cities, and the cities are growing very, very fast. So there is this window of opportunity to orient local policy, to steer urban development into a situation where the needs of these fast growing cities are being looked after.

We stressed the point of economic development and job opportunities as one important point, as a very important pre-condition for health issues as it has been mentioned by our friend from the Royal Tropical Institute in Holland, Madeleen Wegelin. This has also been mentioned by Gill Greer, Director General of the International Planned Parenthood Federation (IPPF). We stressed the point of participation which means that we cannot orient new urban policies without taking the citizens with us to define these new policies as it has been stressed by the Mayor of Entebbe, Stephen Kabuye. I think that all of us agree on the importance to orient local government in order to stress and to strengthen the positive inputs, the positive aspects of urbanisation, taking a new look at urbanisation not in the first place as a big problem, but looking at the opportunities, looking at the positive aspects and how we can use them to make cities more liveable for the citizens.

Let me now make a very personal remark: Though I am heading by now GTZ's unit on Governance, I am by training an architect and urban planner. As such, between 1982-84, I was the leader of the rural growth center's project in Malawi. We discuss now at the International Dialogue how we can make use of the small and secondary cities and I am very happy that we are again in the discussion about how we can create a hierarchy of cities where smaller and intermediate, secondary and big cities play their role in a whole network.

Having said this, let me just make a few remarks on our topic "Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World". Cities, the citizens and governments in developing countries are facing a variety of challenges, catching up with the need of services of a fast growing population. Many service deficiencies constitute serious health hazards, especially for the urban poor. In slums and informal settlements children, women and elderly people suffer particularly from these poor conditions. Looking back at the European and German history, in modern city-planning and development, we should also recall that public health hazards gave birth to modern city development. Cholera in Hamburg and Lon-

don created the citizen's right to clean water. Tuberculosis in the damp Berlin apartments of the 19th century, created the justification to introduce minimum standards for room sizes. This unfortunately was not in floor area, but in cubic meters per person, leading to high ceilings. And when we look at the wonderful old German cities like Heidelberg or Rothenburg, we shouldn't forget that at that time, those cities had big health problems. Sewage just ran through the streets, it stank horribly. People often forget about that when they walk around in these beautiful surroundings.

Sexual and reproductive health and rights are therefore essential to health and development as a whole. Accessibility and availability of quality sexual and reproductive health services are part of the human right to the highest attainable standards of health as well as a critical factor of utmost importance for poverty reduction and sustainable development. The birth rates in urban slums exceed those of rural areas in the first generations. Poorer women lack access to services and information, to modern means of contraception, to skilled attendance at birth. They are exposed to an extremely high risk of HIV Aids, and teenage pregnacy are putting poor urban women at risk. A lack of social control and networks, and the pressure to nourish their families force many girls and women into prostitution. Only right spaced approaches can change the vicious circle of dependency taking into account the social transformation linked with urbanisation in societies.

The concept of sustainable development includes measures that affect future generations. It encompasses quality of life, equal opportunities and other social and culture dimensions of human well-being. It must also include long term health issues. Places like urban slums, where ownership of property is insecure, where people live in constant fear of being displaced, where a correlation between gender and poverty exists and where infra-structure is inadequate pose a serious threat to people's health and well-being. Although health is both a basic need and a pre-condition for every aspect of development, women, adolescents and children living in slums suffer a high risk of "sexual reproductive ill-health". In many countries, city councils are responsible for a very long list of services such as business development, law and order, estate management, waste disposal, the fire brigade, the parking regulation and so forth. They also play an important role in culture, in education, in sports, in social welfare and in consumer production. Most of these areas of work are reflected in corresponding municipal departments. Some cities also maintain full departments for women and gender issues but there are very few cities which have a department for sexual and reproductive health services and this is usually neglected.

In the future, municipal administrations will have to adjust their planning and health services to better meet the needs of the poor urban population. Urban planning and budgeting for example must address issues which are especially interesting for slum inhabitants such as urban violence, drugs and so forth. Urban health services will need to cover fields of sexual and reproductive health, family planning, prenatal and postnatal care, safe child birth, breast-feeding, health care for women and infants, prevention and treatment of infertility and safe abortion, prevention and treatment of sexually transmitted infections. This includes the right to contraception as well as information and counselling about sexuality and fertility.

This must obviously include all actors and I think what we do in the donor community is providing platforms to bring these different actors together. I think that is an offer we can bring to discuss these issues in developing countries: providing a non-self-interested platform where actors, stake-holders, politicians and the private sector can sit together and think about how they could use urbanisation as a positive input and how to deal with this problem from their different angles. Let us discuss about these challenges.

Opening Address

Erich Stather

State Secretary, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Next year we will cross a historic threshold: for the first time, more than half of the global population (that is, about 3.3 billion people) will be living in cities. So by 2008 at the latest, the twenty-first century will be an urban century.

In view of the important role which urbanisation plays with regard to development, I am very pleased that this year's Dialogue focuses on that issue.

The International Dialogue is taking place for the sixth time and has become an internationally recognised series of meetings on sexual and reproductive health and rights and sustainable development. This is a result, not least, of the good cooperation between international and national players from the governmental, nongovernmental and private-sector spheres.

The challenges

Cities can tell us a lot about our societies. One could say that cities are societal policy cast in stone. Their blueprints and structures reflect value systems (as the German politican Hans-Jochen Vogel once put it). Today, what characterises many cities above all is growing injustice: one in three urban dwellers lives in a slum. In Sub-Saharan Africa, that share is as high as seven in ten.

I remember that the 2003 UN-HABITAT report talked about the global disaster of urban poverty. We should not just sit and watch what is happening until the only option left to us is to react.

We can develop strategies now to turn urbanisation into an opportunity and to make it happen in a fair way so that those who have thus far been marginalised may benefit too, because cities are also the winners of globalisation – it is there that jobs are being created, investments are being made, modernisation is happening. And people are following the jobs and the promising economic prospects.

However, in most cases these prospects only provide opportunities for few. Enormous additional efforts are needed to turn these trends into opportunities for many.

Addressing urbanisation in development cooperation

We support urban development strategies that combine a participation-based vision for the city with the analysis of economic potential. This means ensuring civil society participation and making sure that the voices of poor and marginalised groups are heard.

In numerous urban development projects which we have supported, the Cities Alliance has demonstrated how to make that work. In more than 190 cities in 50 countries, it sponsors the drafting of urban development strategies and the rehabilitation of slums, always based on stakeholder participation.

Special challenges are posed by social services (health, education, support for young people) and the development of sustainable urban infrastructure (water, sanitation, waste, energy, transport). It is vital to support local solutions that benefit the disadvantaged, too.

Health systems must be strengthened, health facility staff must be better trained, and sufficient drugs and contraceptives must be available. It is also important to provide universal access to health services and health education.

As cities are no longer growing as a result of migration but as a result of high birth rates, family planning is key to sustainable urban development. We need to improve urban services, espe-

cially for poor women and girls as well as young people. This includes access to health care, school education, and political participation.

Such services can be provided much more easily in cities than in vast rural areas, where it is often difficult to reach people as they are scattered across such long distances. This is an opportunity which the urban century offers us and thus a factor that can help us reach the Millennium Development Goals.

I wish you a successful meeting and many good ideas! I look forward to hearing your suggestions.

Keynote Address*

Rogelio Fernàndez-Castilla

Director Technical Support Division
United Nations Population Fund
(UNFPA), New York

*The text is based on a speech which was given with a power point presentation at the International Dialogue 2007 in Berlin. It is available at: www.dialogue-population-developement.info

The subject of my presentation is the content of the State of the World Population Report that has been published by UNFPA this year. The title of the report is "Unleashing the Potential of Urban Growth". The report mainly deals with the situation of the growth of cities, its challenges and opportunities, and it is an attempt to present the great potential that urbanisation offers to development and to dispel some of the misconceptions that have prevented in the past to materialise all these potentials.

Why is urbanisation so important today?

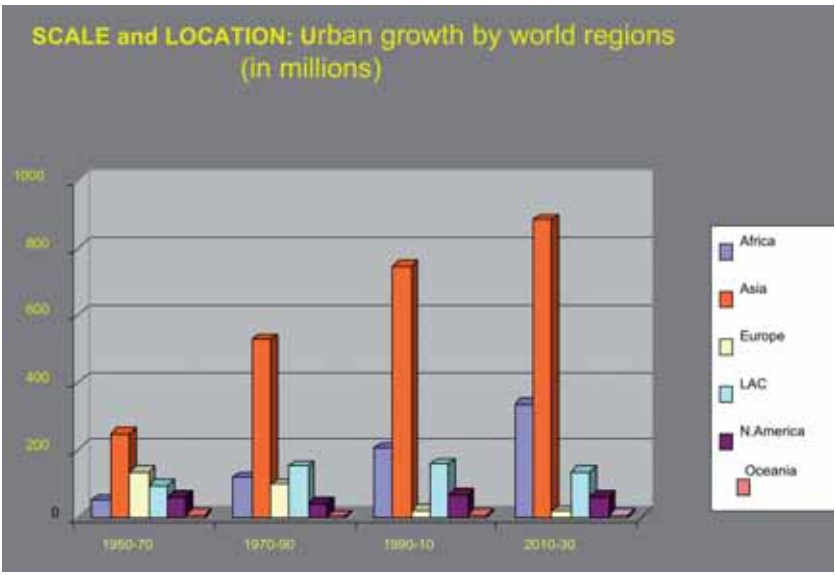
The world population will increase from the present 6.5 billion to about 8.2 billion by the year 2030. In the mean time, urban population will increase from 3.3 billion to about 5 billion in the same period. That means that 1.7 billion increase from present day to the year 2030 will concentrate in urban areas. But, most importantly, we have to see where these demographic increases and these urban population increases will happen. That will be mainly in Africa and in Asia. For Africa and Asia, the population in urban areas will double from 1.7 billion in 2000 to 3.4 billion in 2030. This will represent momentous change with huge impact. Since this is going to happen in areas that are at present lagging behind in development, the urban growth may have negative implications (concentration of poverty and marginalisation) if the challenges that lie ahead are not properly addressed. But these changes can be turned into great opportunities for development also. The future of this large number of people that such population increase will represent depends on what we do today. The present policies need to be changed urgently, if we do not want to repeat all the mistakes made in the past. If repeated, they will further increase all the difficulties experienced today with urbanisation in a much larger scale. A lack of action will imply following the same path of failed policies that have determined that most urban growth in Africa has been equated to slum growth, deprivation and poverty.

In South Asia, 56 percent of the urban areas concentrate in slum areas, 44 percent in Latin America. Yet, cities represent great opportunities. The urban space is more favourable for social and environmental protection. Urbanisation presents a much more conducive environment to reduce unwanted fertility and a reduction of unwanted fertility will have an impact on demographic growth which will allow us to buy more time to prepare the conditions in order to benefit from population and economic growth, and particularly from urbanisation.

The more population concentrates in urban areas the more possibilities we will have to release the pressure on vulnerable natural habitats and areas of great

biodiversity. All these are opportunities that need to be materialised through public policies that we should start implementing today. A very important aspect here is to remember that cities do not only grow because of migration but also because of natural growth. Most of the policies in the past have been focusing on migration and most of them, were aiming to prevent people from coming to the cities. If we focus on urban growth due to the natural growth of the cities, we would have a degree of flexibility that will widen the scope of policy options. Population growth can be addressed at the same time as investing in gender equality and the empowerment of women, which are essential development goals in themselves. If women are empowered to decide on the number of children they want to have, then unwanted fertility would be eliminated and growth would slow down. All these are basic investments in human development and will have a lasting effect, releasing the pressures of population increase, gaining time for infrastructure development and employment creation, thus reducing the negative aspects of urbanisation.

One of the reasons why the growth of urban areas is perceived so negatively is because of what is happening in the largest slums of mega-cities –poverty and deprivation. This is much more visible than what is happening in rural areas or elsewhere in small cities. However, the largest part of demographic growth



Picture 1

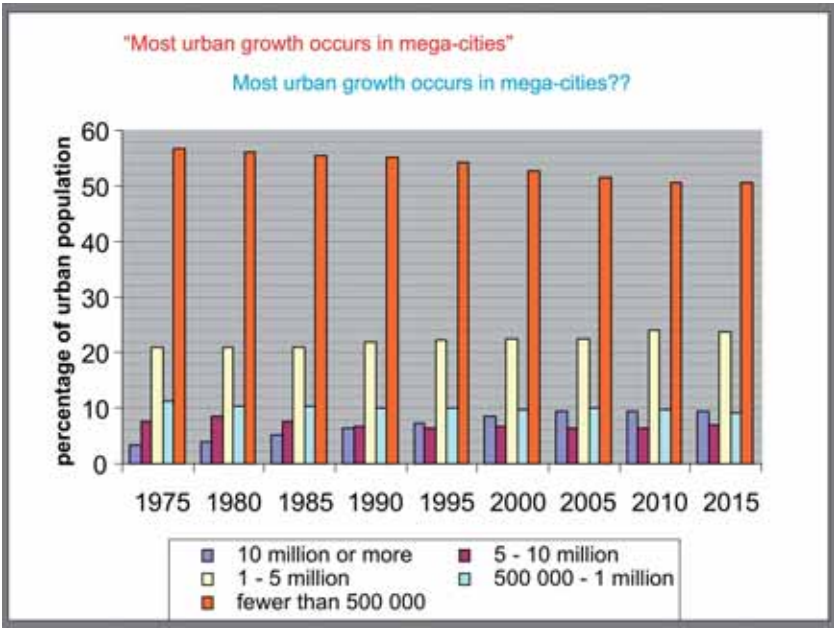
is not concentrating in the mega-cities. Small and medium size cities are receiving the largest proportion of urban growth. In this chart, we can see where urban growth is occurring. The red bar is Asia, and the purple one is Africa (see picture 1). These are the only areas of significant urban growth, and they are growing very fast. In other continents, the urbanisation process is more or less stable.

The emphasis of the UNFPA State of the World Population Report, as I mentioned, is to challenge common misperceptions, to correct inadequate policies and to suggest better approaches to deal with urbanisation. As it has been mentioned, the most common misperceptions are:

- Urbanisation is inherently bad,
- most urban growth occurs in mega-cities,
- urban growth comes mainly from migration to cities,
- rural migration can and should be stopped,
- the poor are a marginal minority in cities,
- cities occupy a huge amount of land area,
- city growth inevitably hurts the environment.

These are seven of the most common misperceptions and the State of the World Population Report goes a long way to address these misperceptions. We are convinced that the better we understand the nature of urban growth and of what would be the most realistic policy options, the better we will be able to deal with the inevitable massive urban increases.

Urbanisation is not bad. Cities actually have a great potential: economic, social, demographic and environmental aspects have a much more favourable environment in terms of progress in cities than in the rural areas. But why are cities not taking the full advantage of their potential? It is basically because of poor governance and poor governance is based mostly on these misperceptions that we have just discussed. Urbanisation has the potential to facilitate the policies that will slow down demographic growth. The urban environment provides a context which favours the preferences for small families. It provides for greater access to services and a more conducive environment for the empowerment of women. As we said, the largest part of the demographic growth occurs in the small cities and this has very important implications for democratisation and the exercise of power that is more responsise to citizens' rights and needs.



Picture 2

In addition, it is much easier to deal with the problems of urbanisation in the smaller cities, and we have much more room to manoeuvre: most of the infrastructure is still to be developed and this can be done with special attention to environment, public transport and services in a way to maximise benefits and mitigate negative consequences. The problems and difficulties of the slums of the mega-cities may not necessarily appear if pro-active, foresighted policies are implemented and are addressed in terms of what is going to happen in the next three decades of future urbanisation. We will have much better possibilities to prevent negative aspects of urbanisation and really benefit from its potential. The bars (see picture 2) in the graph indicate the concentration of urban growth according to the size of the cities; we will see that the orange-red on the right hand side correspond with the smaller cities and more than 50 percent of the population concentrate there. The mega-cities are very important, mostly because of the concentration of the political and economic power, but they also concentrate most of the present disasters of what has gone wrong with urbanisation. The future lies in what we do and what policies we implement in addressing demographic growth in the smaller cities.

We must remember that cities grow mostly because of a natural increase. It is also a very important lesson that a large part of migration is the result of demographic pressures in areas where the capacity of the land has been mostly exhausted because of rural densities. Hence people have to leave and move to the cities in search for a better life. Therefore, attending the reproductive health needs, particularly of the poorest people, would be the most productive way of dealing with the pressures that determine migration as well as the natural increase in the cities.

It is a common misperception that migration from rural to urban areas can and should be stopped. In fact migration has never been stopped in the past (except for notable cases of draconian policies for limited periods of time infringing human rights), and can not be stopped in the future, whatever policies we may adopt. People will continue to move in search for better opportunities. This makes sense in economic terms and it is a basic human right. So, instead of wasting time and resources to stop migration, we should concentrate on policies that make the environment more conducive to receive these migrants and incorporate the necessary measures to allow poor people to have the right to the city, which is one of the targets of the Millennium Development Goals. Preventing migration has actually increased poverty, both in rural and urban areas and insisting on these policies will even worsen the situation.

Another misconception is that cities occupy a huge amount of land area. Indeed very frequently cities occupy rich agricultural or ecologically vulnerable land. But at the same time, half of the world population occupies less than three percent of the earth area and if adequate policies are implemented, we can prevent that future growth will occupy ecologically fragile land and we can channel this growth into areas that provide more sustainability and better conditions for the poor to establish and to prosper in the cities.

“City growth is bad for the environment” is one of the prevailing misconceptions as well. But, the reality is that our possibilities to protect eco-systems and to protect biodiversity will depend very much on reducing rural density and will depend also on what we do to provide better conditions to accommodate the increasing urban population.

What to do?

• The secret lies in changing the attitude which has influenced the decisions of policy makers. We may moderate the problems by addressing the reproductive health needs of people, particularly the poorest, and we have to develop a long term vision to plan ahead for the social and sustainable use of the urban space. We need to foresee the inevita-

ble urban growth, influence the location and the patterns of growth of the cities: more favourably towards vertical growth, density and efficient mass transport. A critical aspect is that we have to foresee the special needs of the poor. Shelter is the most critical aspect of poor people's insertion into the cities; poor people are the most affected by unregulated land markets, which determine the pattern of city growth.

• Secure land and minimally serviced land are critical decisions. They are fundamental elements of the public policies for future urban growth. Otherwise, we will continue to see repeated patterns of urban growth, like today's slums, which will make it much more difficult and much more expensive to address the basic needs of the poor and will further contribute to environmental degradation.

• It is fundamental that future plans have an approach that integrates cities and rural areas. It is not a question of either rural development or urban development; both are part of the same equation and addressing both in an integral way will give us the best chances for success. Demographic tools and data are critical for analysing the situation, raising future scenarios of growth and anticipating the magnitude of the challenges. As I said, urban growth is inevitable and has a very high potential for sustainable development. Exploiting this potential requires a pro-active attitude. Future urban growth will consist of large increases in the poor sectors, so solutions must involve poor people. Urbanisation should be integral part of national and global efforts to reduce poverty.

Key policy messages

The key messages of the State of the World Population Report are:

- Meeting the needs of the poor is essential.
- Urban growth will occur in the smaller cities that need more help and offer the best chances for effective action.
- The possibilities to channel urbanisation in small areas in a very positive direction are there.

We will need pro-active engagement to materialise the potential for development and environmental protection, because as the smaller areas offer the best possibilities to harness the benefits of urbanisation, they also have fewer resources. From a demographic as well as good governance point of view, these are also the areas that are most conducive for popular mobilisation and participation. We will have to work on the root causes both of the natural population growth of the cities and on the pressures for migration in rural areas.

Keynote Address*

The Return on Investments in Services for the Urban Poor

Sharon Camp

President and CEO
Guttmacher Institute
New York

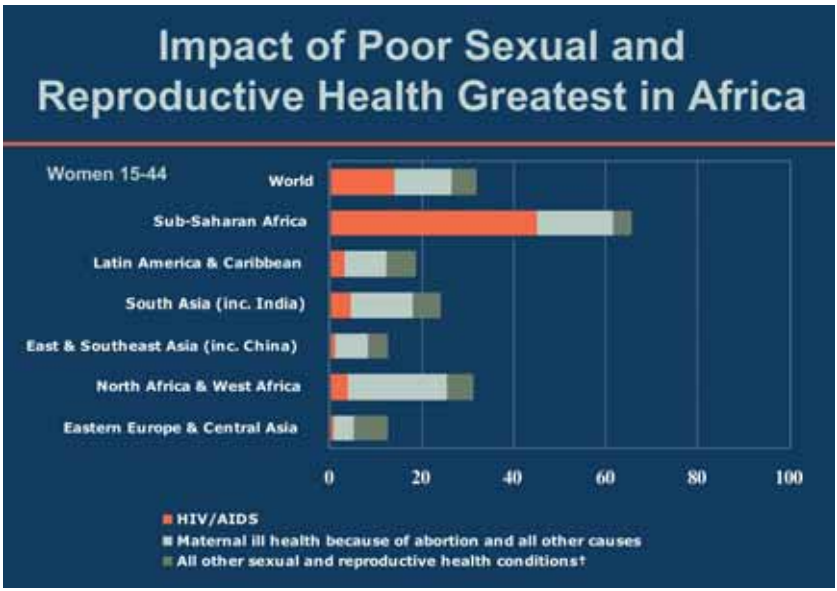
*The text is based on a speech which was given with a power point presentation at the International Dialogue 2007 in Berlin.

As several colleagues have noted, in most developing countries future urban growth will be driven not only by migration from rural areas, but equally, and in most countries, more importantly by high birth rates among all those already living in urban areas.

Although most urban couples generally want smaller families than those in rural areas their demand for increased fertility control is not always met. This presentation highlights the extraordinary return on investments in sexual and reproductive health and the growing gap in such reproductive health services for growing populations of urban poor. It draws from Guttmacher research on the unmet need for sexual and reproductive health services in 55 developing countries, on new country level studies of unsafe abortion and on interviews with nearly 20,000 African adolescents about the attitudes and behaviours that protect them or put them at risk for HIV Aids and unwanted pregnancy, research that was undertaken with my colleague Alex Ezeh from the African Population and Health Research Centre (APHRC).

Let me start though with just a few facts about the role of sexual and reproductive health in the worldwide burden of disease. Nearly one fifth of the worldwide burden of disease and early death is due to poor sexual and reproductive health. Among women of reproductive age, that figure rises to a third-that is

Picture 3



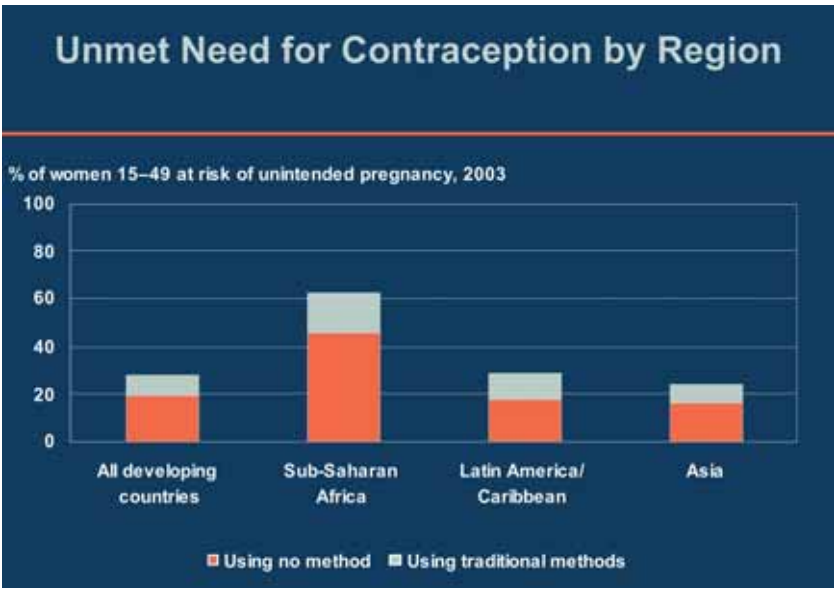
one third of all premature death, illness and disability among women, caused just by the complications of high-risk pregnancy, unsafe abortion and sexually transmitted infections, including most importantly HIV.

• In Africa, mainly because of the prevalence of Aids and high rates of pregnancy- and abortion-related maternal mortality and morbidity, the burden of disease and early death due to sexual and reproductive health problems rises above 60 percent (see picture 3).

• The United Nations Population Fund (UNFPA) calculates that family planning services currently reach about 516 million women in developing countries. The Guttmacher Institute calculates that this current level of contraceptive use annually prevents: 210 million unintended pregnancies; which would have resulted in 67 million unplanned births and 118 million abortions, some of them resulting in death or lifelong disability, as well as three million infant deaths in part through better timing and spacing of pregnancies; and 241,000 maternal deaths.

• Unplanned pregnancies are a clear indicator of an unmet need for modern contraception. Demographers consider that a woman has an unmet need if she is sexually active, able to get pregnant, doesn't want to have a child within the next two years or wants to stop child-bearing entirely and is not using

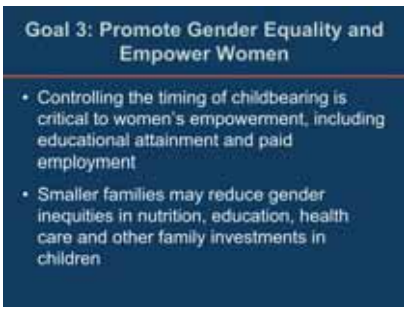
Picture 4

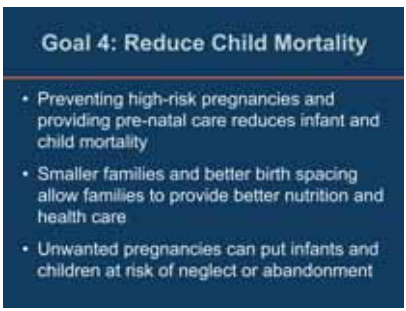


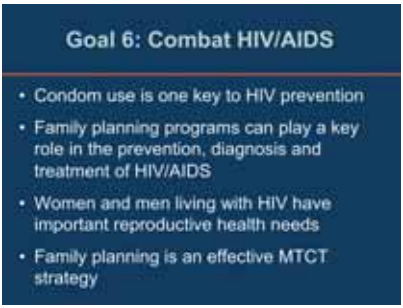
a method of contraception or is using a less effective traditional method such as withdrawal. By this definition, about 30 percent of women of child-bearing age in the developing world, in round numbers about 200 million women, have an unmet need for modern contraception. Almost half of this unmet need is in urban areas.

• The largest number of women with an unmet need live in the populous region of South and South East Asia. But in terms of the proportion of women, unmet need is the highest and has declined the least in Sub-Saharan Africa, where almost one in four women are considered to have an unmet need for modern contraception. In Latin America and the Caribbean, where most people now live in cities, 60 percent of unmet need is in urban areas (see picture 4).

• The health impact of addressing unmet family planning needs, of the 200 million women who have an unmet need, would annually prevent an additional 1.5 million maternal and infant deaths every year and prevent another 52 million unwanted pregnancies, many of them destined to end in abortion, thereby reducing abortion by 64 percent. Unfortunately in the last decade, the focus on population growth as a global problem has waned; perhaps in part because of the success of family planning efforts in so many parts of the world, but also because of rising concerns for the HIV Aids epidemic. A recent assessment of family programmes in 82 developing countries found that as a whole, average programme effort levelled off after the 1994 International Conference on Population and Development in Cairo, and has actually declined between 1999 and 2004. The decline in global commitments to the agreements reached in Cairo is tragic.







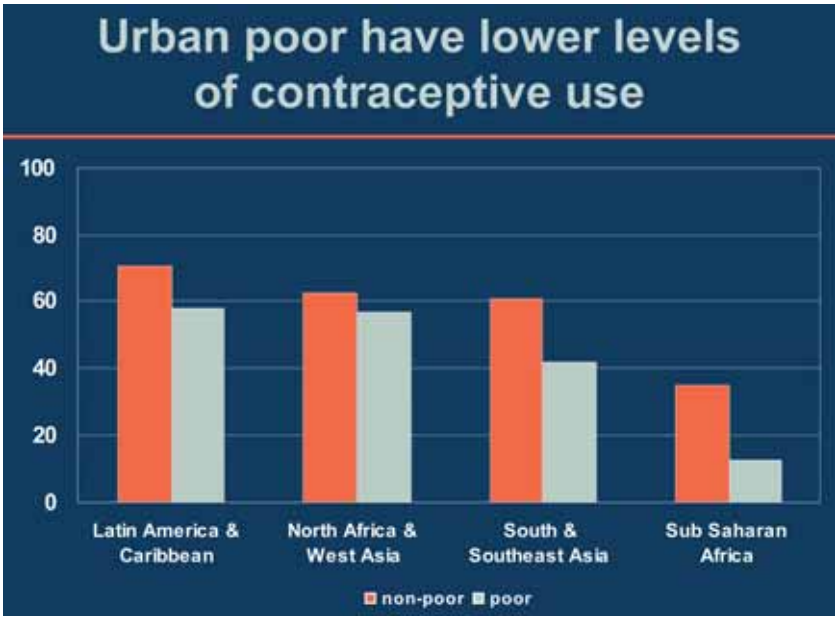
• Improvements in sexual and reproductive health are essential to meeting the Millennium Development Goals (MDGs), especially goals two through six, related to health and women's empowerment. Because of the impact of fertility and population trends on a range of development issues, improvements in reproductive health can also contribute powerfully to other MDG's including poverty eradication, the universal primary education and environmental sustainability.

• I would like to turn now to new evidence on urban unmet needs. The recent Guttmacher analysis of demographic and health data from 55 developing countries showed substantial disparities in contraceptive use between urban poor and non-poor populations, especially in Sub-Saharan Africa and parts of Asia. In South and South-east Asia, over 60 percent of non-poor urban residents use a contraceptive method, but only 42 percent of urban poor do so. In Africa, 35 percent of urban non-poor use contraception, but just 13 percent of the urban poor do. Among sexually active women of reproductive age who did not want a pregnancy for at least two years, if at all, at least one in ten living in urban areas were not using a contraceptive method and the proportions were highest among the urban poor. In Africa, more than one in five urban women has an unmet need for contraception, as do one in five urban poor women in Latin American and the Caribbean (see picture 5, 6).

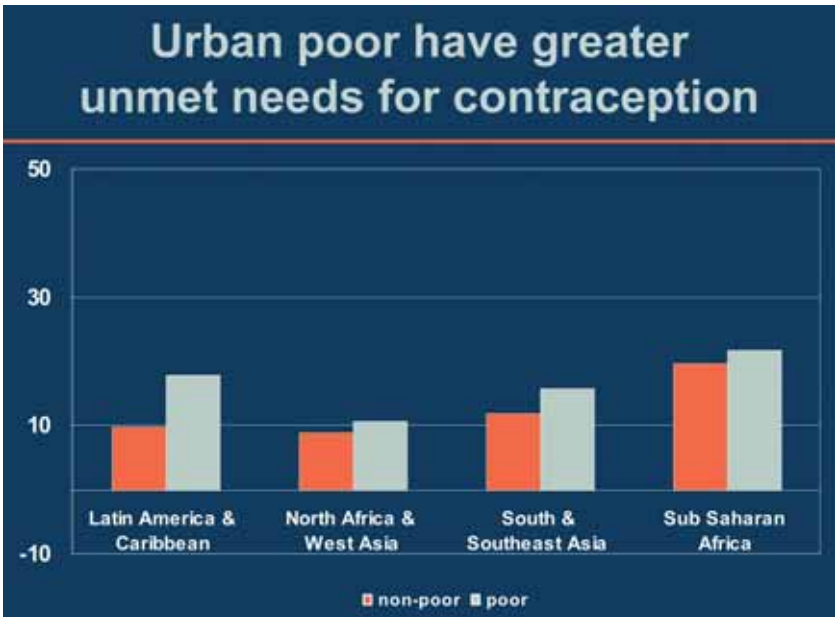
One of the most compelling indicators of unmet need for contraception is the prevalence of unsafe abortion.

• In a recent study of unwanted pregnancy and abortion in Nigeria, where abortion is illegal, over 75 percent of ur-

Picture 5



Picture 6



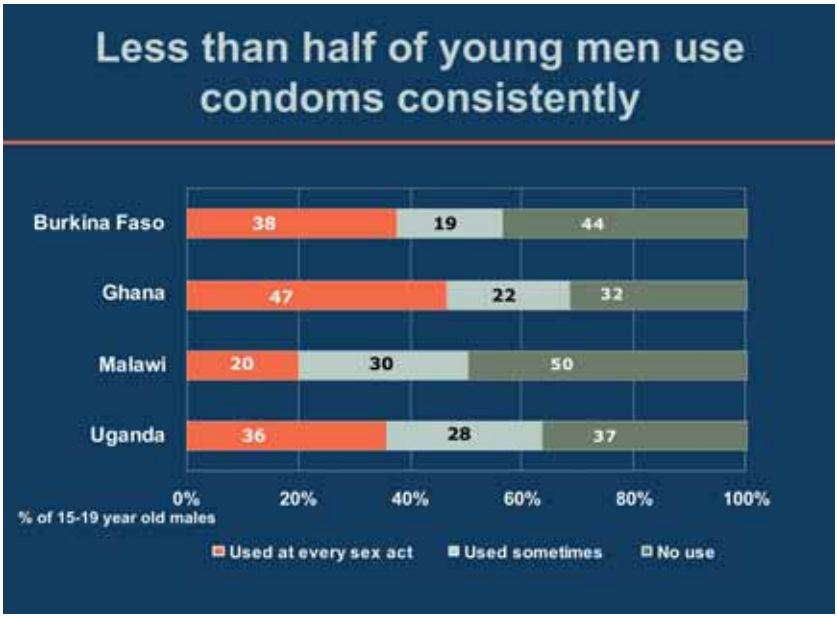
ban poor women report that they have attempted to end an unwanted pregnancy. Since women don't readily admit to having an abortion even in countries where abortion is legal, this figure almost certainly underestimates the problem of unsafe abortion in Nigeria. The same Nigerian study showed that compared to non-poor women, poor urban women were also less likely to get their abortions from a doctor at a hospital or at a clinic and much more likely to use much more dangerous self-induced or traditional abortion methods. Our country level studies in the Philippines, Guatemala and Uganda showed similar disparities in access to safe abortion for poor urban women compared with wealthy women.

Most unsafe abortions and their serious health consequences could of course be prevented with wider use of effective contraception. We estimate that for every dollar that the Nigerian government spends on contraceptive services to reduce unwanted pregnancies, it saves four dollars in the cost of treating women hospitalised for abortion complications, and this is in a country where most women actually pay most of the cost of their post abortion care.

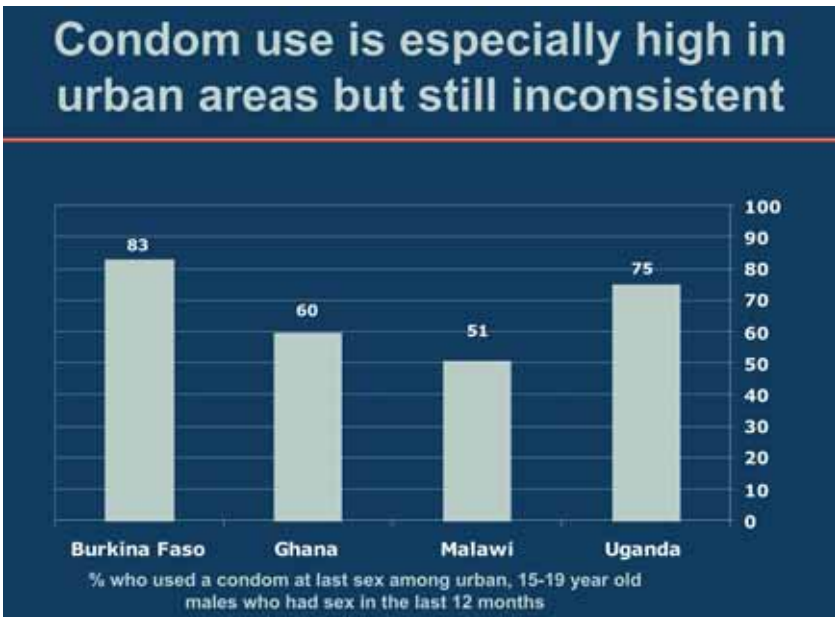
Let me turn now to some of the new findings on the unmet needs of urban adolescents. Data culled from our joint study with APHRC of nearly 20,000 adolescents aged 12 to 19 in four African countries. We found that at most, only half of 15 to 19 year-olds had received any kind of sex education in school. Only 15 percent in Burkina Faso compared to 52 percent in Ghana. Although many African countries, including Malawi, have good policies on the books, our data showed that between 25 and 39 percent of adolescents were in schools that offered no sex education at all. Presumably as a result, many adolescents who are already sexually active do not know of any source of any contraceptive supplies or services in the urban areas of Ghana, Burkina Faso and Uganda. For some people living in urban areas, sex education is actually coming too late. A significant proportion of young people, especially girls, have left school at the age of 14, often before they have been exposed to sex education classes. In Burkina Faso for example, less than half of urban females, aged 15 to 17 are still in school. In Uganda and Malawi, a quarter has already left school (see picture 7, 8).

• We also found some good news, which is that condoms are quite widely used by adolescents in Africa. At least half of the adolescents aged 15 to 19 in all four countries, related some level of condom use. In Ghana, almost half said they had used a condom every time they had sex. Unfortunately not all young men know how to use a condom correctly and many don't use the method consistently. We found especially wide spread use of condoms in urban areas, but again con-

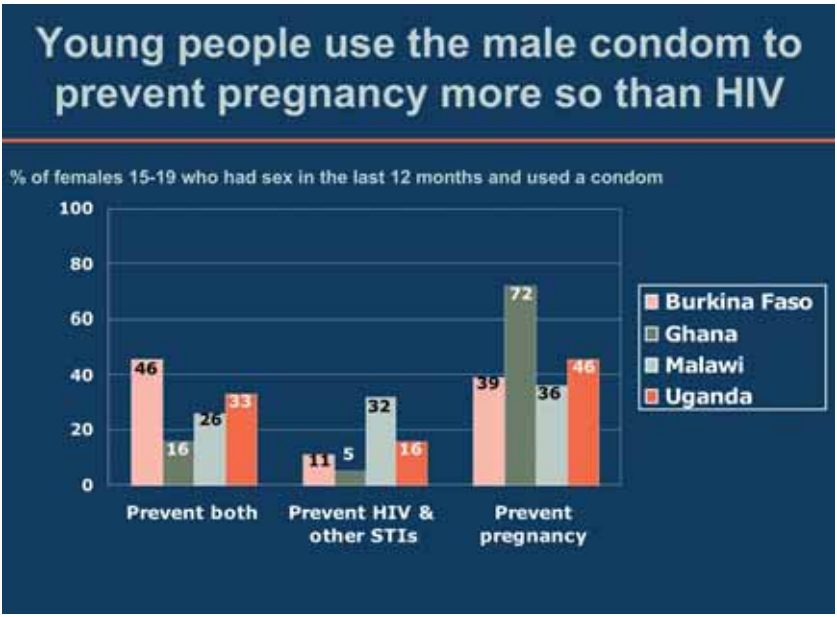
Picture 7



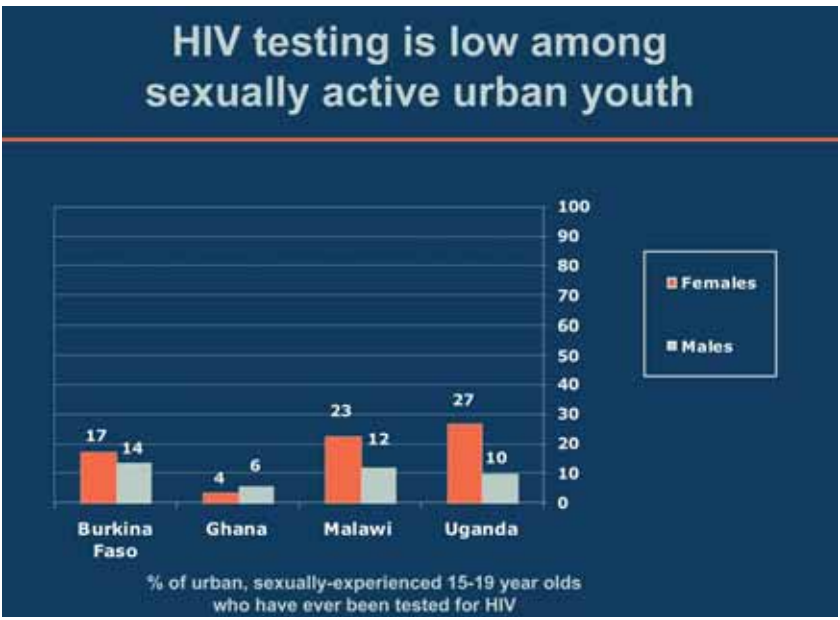
Picture 8



Picture 9



Picture 10



dom use was not consistent. In Malawi, only half of male adolescents that were sexually active used a condom the last time they had sex.

Our surveys also showed clearly that preventing pregnancy by itself or in conjunction with preventing HIV and other sexual transmitted infections (STI) is the main reason that girls in all four countries give for using condoms. Condom promotion efforts must therefore be tied to pregnancy prevention efforts as well as to HIV prevention for the message to be effective with young people (see picture 9).

While awareness of HIV is very high among adolescents (almost universal in the four countries) detailed knowledge of HIV prevention is low, even among older adolescents aged 15 to 19. We used a summary UNAIDS measure to test real knowledge on HIV transmission by asking adolescents to identify two ways to prevent HIV and to reject three common misconceptions, such as the myth that one can acquire the virus by a mosquito bite. Only about a third of adolescents showed this level of knowledge in Ghana, Malawi and Uganda, and only 15 percent did so in Burkina Faso. We found similar results on detailed knowledge about pregnancy prevention. For example, half of adolescents thought that they could not get pregnant if they had sex standing up.

• We asked sexually experienced adolescents whether they had been tested for the HIV virus, and if not, whether they wanted to be tested. Virtually all of them told us that they would like to be tested, but very few have actually undergone testing, even in urban areas.

Let me turn now, to what we think these new findings imply for policies and programmes designed to address the unmet needs of adolescents in urban areas. Because urban adolescents are or will soon be sexually active, governments need to fund comprehensive sex education programmes that accept the reality of adolescent awareness and sexual experimentation; these programmes need to start in primary school and be made universal. They need to include more detailed information about pregnancy prevention and STI prevention, including condom demonstrations. We need to make services for adolescents available at very low cost, or for free, and we need to insure that services are confidential and non-judgemental (see picture 10).

Because pregnancy prevention is at least as important of a concern as HIV, we need to promote condoms for pregnancy prevention, not just for HIV. We need to have integrated family planning and HIV prevention efforts so that both are addressed in every setting. We need to build on very current levels of condom use, by improving correct and consistent use through public education programmes.

Because Washington DC has become what Senator Hillary Clinton refers to as "an evidence-free zone where facts are subservient to ideology," we need to count on the progressive governments of Western Europe to continue to provide a counter-weight to the United States, which emphasises only abstinence-until-marriage and restricts condom availability for adolescents. We need the German Government and other progressive governments in Europe to shore-up support for sexual health within multi-lateral organisations, to use donor coordination mechanisms within developing countries to support good policy development and to move quickly to address growing contraceptive shortfalls.

I am hopeful that we Americans will put our American house back in order in the next 13 months. They say that a society gets the adolescence and the politicians that it deserves, and I guess that that doesn't say much for Americans.

Already as a result of the change in control of the US Congress, evidence-based policies, although still subject to a Presidential veto, are again moving through Congress. Meanwhile, women and men around the world are counting on progressive European governments to re-establish reproductive and sexual health as a global priority. The task is urgent. The cost of poor sexual and reproductive health is huge, but so are the returns on investments in better, more accessible services, especially for the urban poor.

We can make child-bearing safe for women, we can insure that the children they have, survive. We can turn back the Aids pandemic. We can give women, all women, control over their reproductive lives. And if we do these things, we will improve the chance that we can achieve socially equitable, environmentally sustainable development around the globe. Key to all of these worthy goals is closing the gap in sexual and reproductive health care for women and men worldwide in urban as well as rural areas.

Keynote Address

Alex C. Ezeh

Executive Director African Population and Health Research Centre (APHRC), Kenya

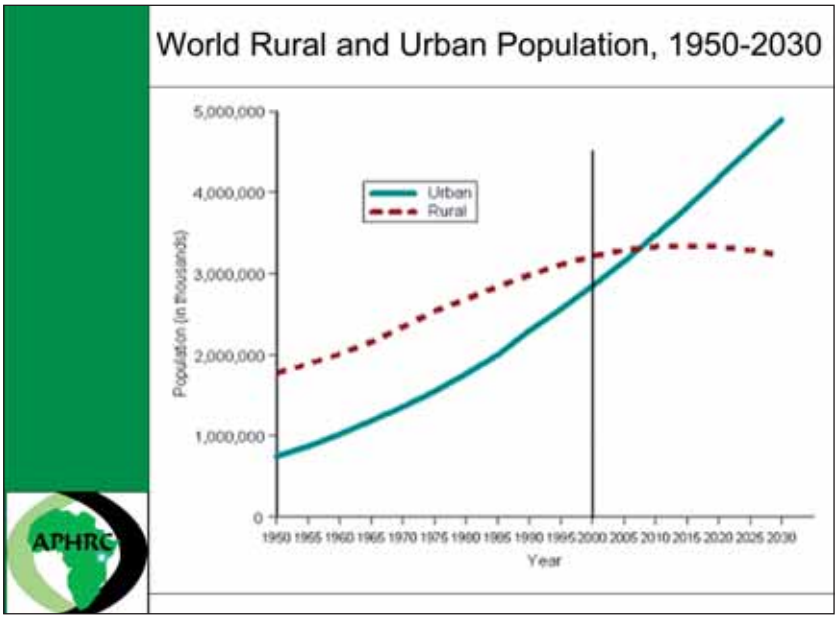
In 2008 we are going to have the whole world becoming more urban than rural. Africa will likely reach this milestone in another twelve years and I wish Africa is only twelve years behind in the other development indicators such as infant, child, and maternal health.

In a number of our countries, more than 90 percent of the urban population live in slum conditions. The 1999/200 World Development Report noted that, between 1970 and 1995, urban areas in Sub-Saharan Africa grew by about 4.7 percent each year and during the same period, the Gross Domestic Product (GDP) per capita dropped by about 0,7 percent per year (see picture 11, 12).

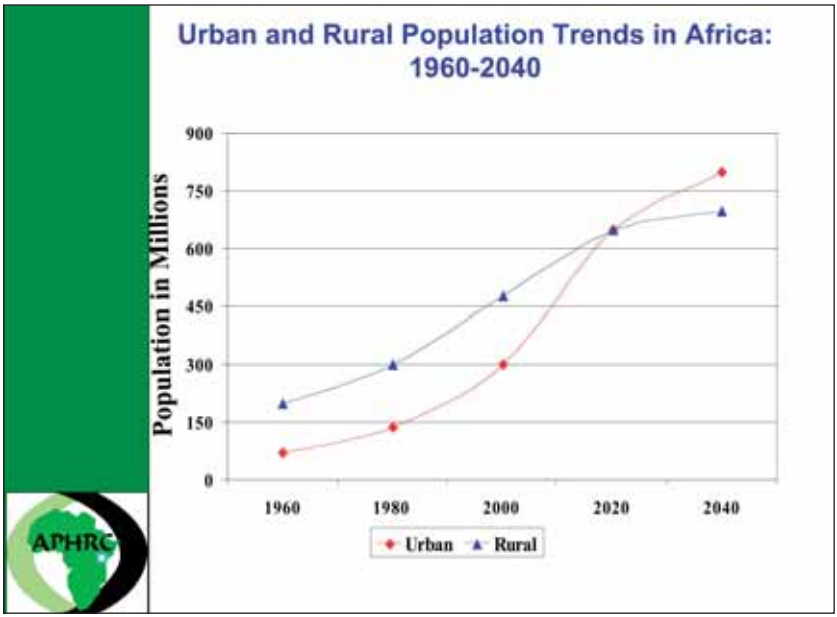
Consequently, as our urban areas have grown in Africa amidst economic stagnation and decline, the gap that has existed between the proportions living in poverty in urban areas and rural areas has been shrinking over time in various countries. For example, if you look at rural areas in Nigeria, the proportion living below the poverty line has dropped from 50 percent to 36 percent between 1985 and 1992. In urban areas of Nigeria, however, the proportion living below the poverty line only dropped from 32 to 30 percent. The situation was the same in other countries like Ethiopia, Kenya, and Zambia. In fact in Kenya it is more interesting that the proportion living in poverty grew from 47 percent to 53 percent in rural areas between 1994 and 1997 but almost doubled in urban areas.

Summarising the knowledge we have on urban growth in Africa, we have seen rapid rates of urbanisation amidst economic decline or stagnation, leading to growing poverty. Poverty in ur-

Picture 11



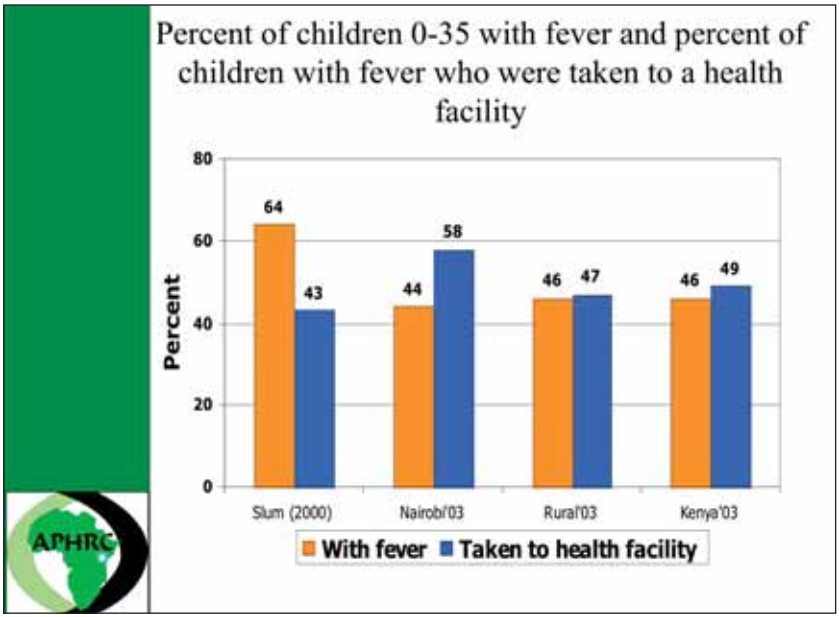
Picture 12



ban areas has worsened more than in rural areas. As a result of this, we have huge growths of informal settlements or slums, due in part to deteriorations in the provision of basic social and health services. As a result of all these factors, health outcomes have worsened in many of our cities. In 2000, we tried to look at the evidence to show how bad the situation in the slum areas is. Generally, most comparisons of urban and rural indicators focus on averages which hide a lot in terms of equity issues and disparities. We went ahead and did one of the first representative survey of slum households in any major city in 2000 in Nairobi. Building on data from other national surveys in Kenya such as the demographic and health surveys, we compared indicators from the slum survey to similar indicators for Nairobi as a whole and other parts of the country, including rural areas.

• Some of the results we have found actually surprised us. If you look at the issue of health and consider one indicator of ill-health or "morbidity" – the proportion of children who were sick of fever two weeks before the survey – and you compare this to the situation in the 2003 Kenyan Demographic and Health Surveys (DHS) with our 2000 survey, in the slums almost two in three children had an episode of fever two weeks before the survey compared to only 44 percent for Nairobi and 46

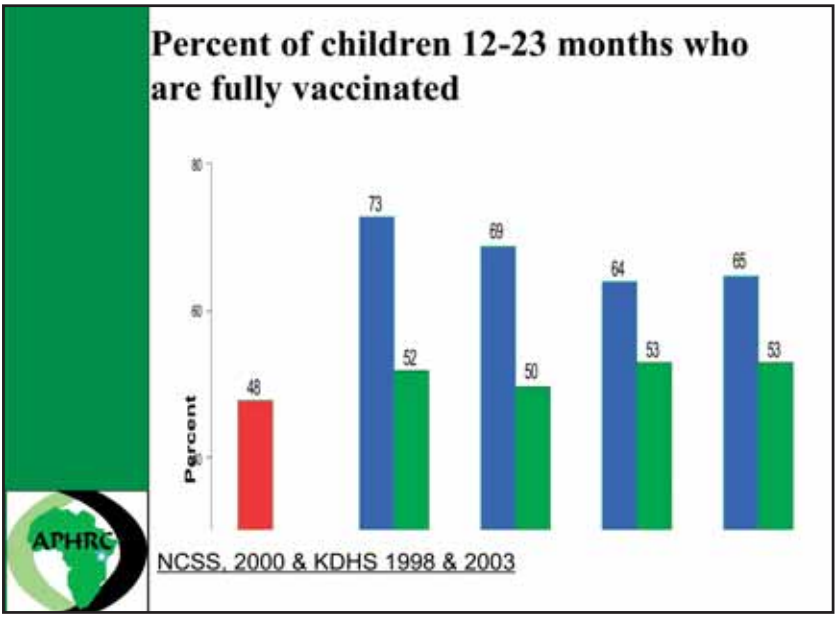
Picture 13



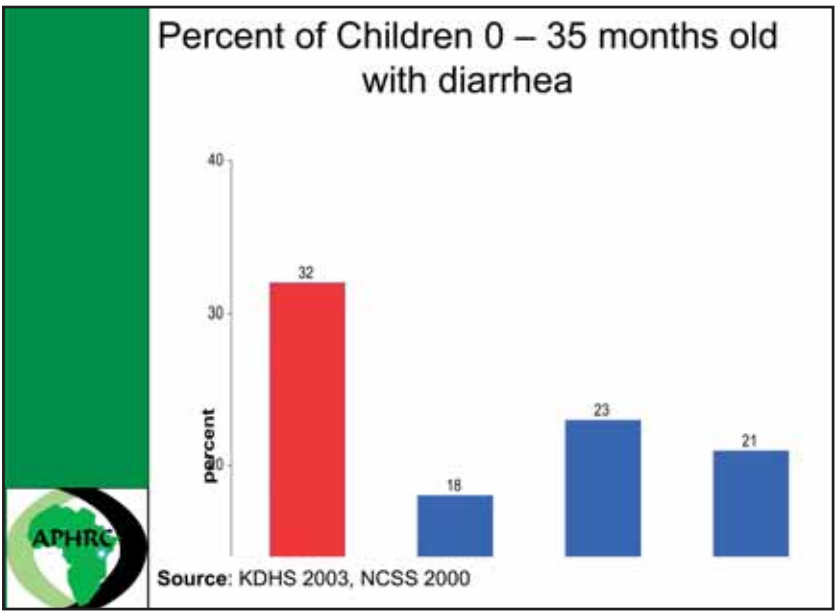
percent in rural Kenya. This 44 percent represents the average slum and non-slum areas of Nairobi. If you focus on these children who were sick and you ask questions about what proportion of them got care or was taken to a health facility - again, 43 percent in the slums compared to 58 percent in Nairobi as a whole and 47 percent in rural Kenya were taken to a health facility (see picture 13).

• If you look at other indicators of access to health services, for instance the proportion of children 0 to 23 months who were fully immunised, only 48 percent of those living in the slums were fully immunised compared to 52 and 53 percent of those in Nairobi and rural Kenya respectively in 2003. The comparison of the 1998 and 2003 indicators for Nairobi and rural Kenya show huge deterioration in these outcomes overtime in Kenya. If you look at a five year period between the 1998 and 2003 Kenyan DHS, immunisation in Kenya dropped from about 65 percent to 53 percent in rural Kenya. In Nairobi, it dropped from 73 to 52 percent. Therefore, assuming the slum populations experienced the same or worse deterioration as Nairobi in these indicators, the real disparity between the 2000 slum survey and the 2003 Kenyan DHS is much wider than we show because the slum survey occurred three years earlier (see picture 14).

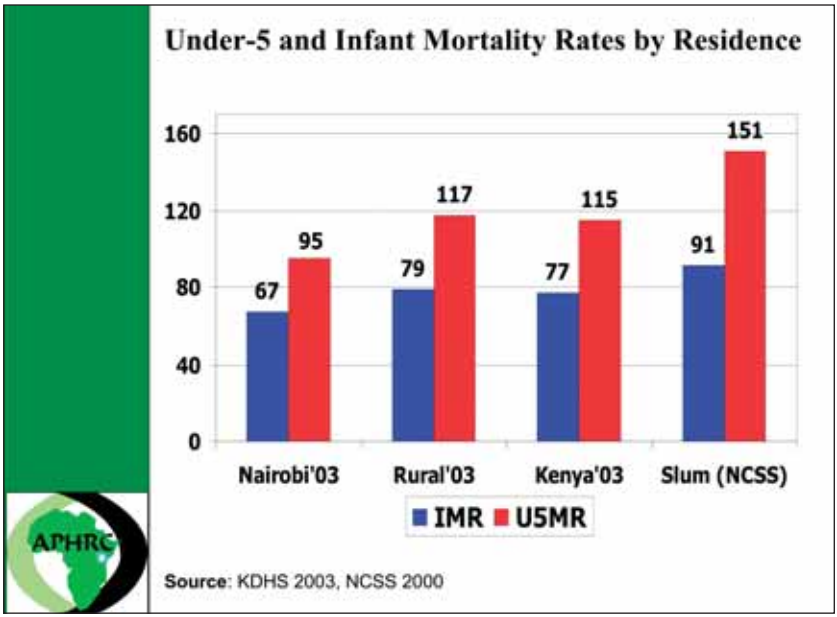
Picture 14



Picture 15



Picture 16



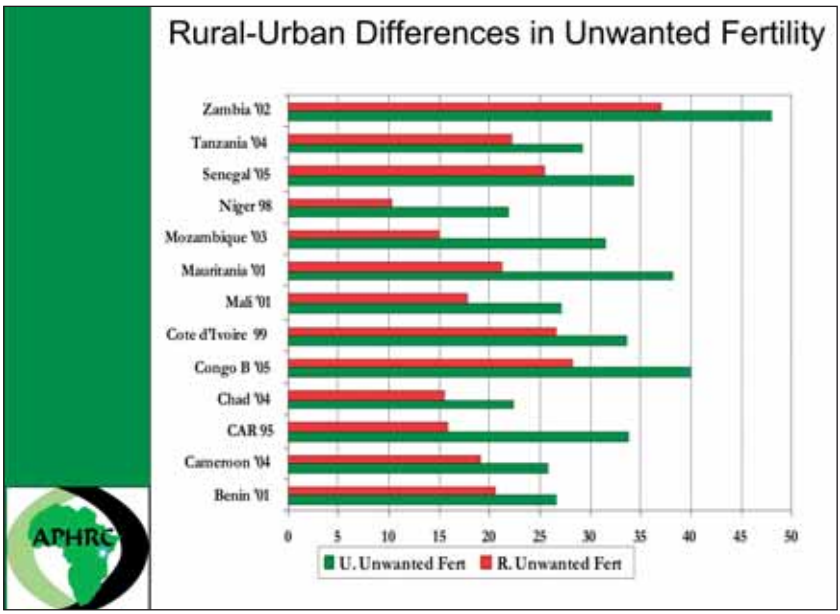
• With regards to diarrhoea, almost one in three children reported having an episode of diarrhoea within the two weeks period preceding the survey in the slums. You compare this to 21 percent in rural areas and 18 percent in Nairobi in 2003. Again this is for 2003 and if you go back to 1988, the gap is much wider. As a result of their high morbidity and limited access to health services, children living in slums also have much higher mortality rates (see picture 15).

• If you look at under five and infant mortality rates, out of every 1,000 births in the slum areas, 91 will die before their first birthday compared to 67 in Nairobi as a whole, and 79 in rural areas. For under five mortality, at least 151 die before their fifth birthday in the slums compared to the national average of 115, 117 in rural areas, and 95 in Nairobi as a whole. For the first time we are able to demonstrate the magnitude of the inequity that exists in the health outcomes of slum and non-slum residents in any major city in the developing world and you can compare these indicators to any other part of the country. Indicator after indicator, the results show that slum residents are actually worse off than any other sub-population in Kenya. (We started in 2000 with a prospective longitudinal study of health in two slum communities; this is helping us understand what is going on in slum areas (see picture 16).)

• We set up a longitudinal framework in 2000 to look at health dynamics in the slums. We visit at least about 60,000 individuals in 23,000 households in two slum communities in Nairobi once every four months. We collect information on all the demographic processes, births, in- and out-migrations, and deaths. For deaths we also conduct verbal autopsies. With this data, it is possible it is to see what is killing these children.

The major causes of death among children under five years of age are pneumonia, diarrhoea, and still birth/other perinatal causes. These conditions account for nearly two-thirds of deaths among children under five years of age. About ninety percent of the conditions that cause death in children in the slums can be prevented by known cost-effective interventions that currently exist. We can address these major causes of morbidity and mortality in slum children. If you look at adults, it is a completely different story, and we are looking at HIV Aids and TB which account for about 42 percent of the disease burden and injuries account for another 17 percent. The third major cause of adult morbidities are conditions related to the central nervous system. I highlight these two conditions here because injuries and mental conditions are things we have not paid much attention among the urban poor.

Picture 17



• How do you address these health challenges in these types of settings? What should be our priority be in terms of focus in addressing the health conditions of the urban poor? Should we invest in making services more accessible to the urban poor? For most of the slums in Africa, public services such as health facilities, school facilities, social services, etc., are largely non-existent – they are usually located outside the slum community. Do we just bring them in? Do we deal with the environmental conditions that cause the high morbidity burden among slum residents – issues of water and sanitation, garbage disposal, drainage, and other things that effect the environment where children live and play? Do we need to address the underlying poverty that drives most of these bad indicators among the urban poor? Do we focus on a combination of these interventions, and what will be the cost-effectiveness of each of these options?

To what extent will the poor actually benefit from a number of these interventions that purport to target them? Can we look at the impact of various interventions aimed at improving the well-being of slum dwellers to see how well they achieve their intended goals? I think these are some of the questions we are struggling and grappling with and trying to find answers to at APHRC.

What about reproductive health? I think this conference is really about the issues of reproductive health in the context of rapid urbanisation and the first two presentations have laid the context on the real disadvantage that the poor and the urban poor particularly face with respective to reproductive health outcomes.

• Look at the basic indicators that we have for reproductive health measures, and look at the number of children a woman would have in her lifetime: the poor in Kenya, whether they are urban or rural, have about three times the children the rich have. If you look at contraceptive use, the poor are using contraception at a rate that is one third the level of use among the rich (11 percent compared to 31 percent for the rich). Consequently, the poor are three times as likely to have an unmet need for family planning as the rich. So you can ask a question, to what extent is this high fertility level, that is driving much of urban growth, actually a function of desired family size or of unmet need for family planning. If you compare the number of children that women actually have and the number that they want to have, women in the richest households actually have the number of children that they desire to have. They can use family planning effectively to achieve their desired family size; both their actual fertility and their desired family size are 3.1. For women in the poorest households, their average fertility is 7.6 compared to their average desired fam-

ily size of 5.4. If we can actually help women in the poorest households to avoid this excess fertility of 2.5 children per woman, we can greatly reduce their poverty situation as well as reduce population growth and rapid urban growth by a huge magnitude. If you can just help the poor achieve their desired family sizes, we can make greater progress towards most of the MDGs.

What of other indicators of reproductive health outcomes? Again, we look at the mean age at the first sex for women in the slum and non-slum areas. In the slum areas, half of the girls have become sexually active by age 14, compared at age 17 for Nairobi as a whole. That is a three year difference which can have huge impact on whether a girl completes primary school or proceeds to secondary school or not, which can have huge implications in maternal health outcomes and other indicators that we care about.

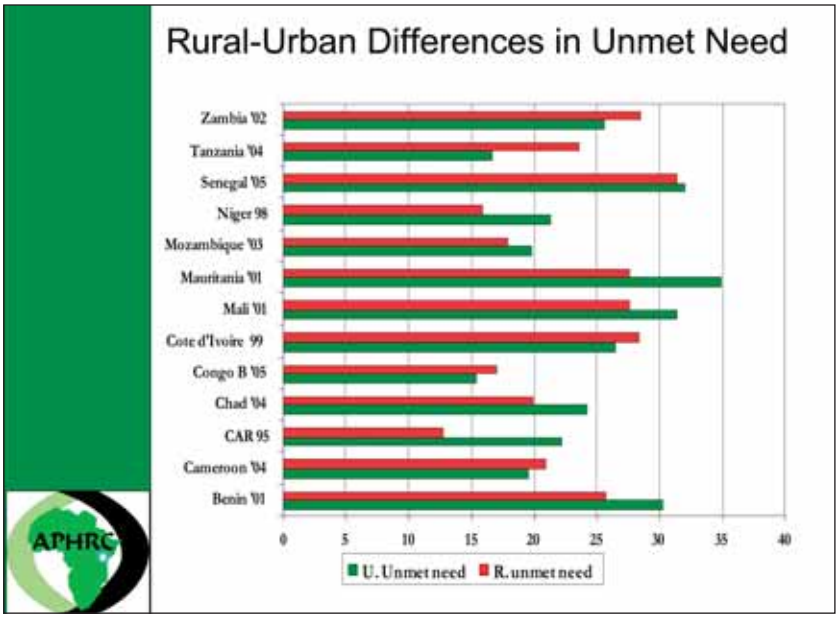
• Another important measure of reproductive health is the proportion of births that are unwanted. This shows the impact of unmet need for family planning in the lives of ordinary women. I was quite surprised when I looked at this data for the first time for urban and rural areas to see that, in a number of countries in Africa, urban women actually have much higher levels of unwanted fertility than rural women. This measure refers to the proportion of births in the last five years that women said that they didn't want it then (mistimed) or they didn't plan to have them at all (unwanted). In a place like Zambia, about 48 percent of these births were reported as unwanted or unplanned among urban women compared to 37 percent among rural women (see picture 17).

• If you look at unmet need you get similar patterns (see picture 18). Key question for us is: What are the implications of current levels and patterns of demographic processes on the future of Sub-Saharan Africa? Ten years ago we celebrated that fertility has finally started to decline in Africa. In the last five years, the evidence, in country after country, suggests that there has been a stalling or reversals in this transition. What implications does this have for development efforts in the region?

In terms of our concluding thoughts, it is important to know, that the urban poor, especially children, bear a huge burden of ill-health.

In the absence of concerted efforts to address the unique vulnerability of the urban poor, the health status of these children continues to worsen. The evidence of reversals or stalling in fertility decline in many areas will only serve to worsen the situation. This is particularly so because most of the current increases in fertility appear to be concentrated among the poor and are largely unwanted. They derive from high levels

Picture 18



of unmet need for family planning. In many countries, we are losing a lot of the gains that we made in the 1980s and early 1990s.

The evidence from this whole work suggests that the urban poor are much worse off in a number of these indicators and are actually much more marginalised. One of the things we must be clear about is that a lot of the strategies and programmes that have worked in improving the well-being of the poor in rural areas may not work in urban slum areas.

I will show just one example to illustrate this point and I will conclude with that. Please have a look at "education", which is a Millennium Development Goal (MDG) target. We want to ensure all children complete a full course of primary school. Kenya introduced a Free Primary Education policy in 2003 and the goal is to reach the poor and provide them with education. If you go to the slums in Nairobi and ask what has been the effect of this policy they will say: "What you see is that the policy has actually created a demand for education among the urban poor." However, in most of the slums (like the ones where we work), there are no public schools. The only two schools are on the outskirts of the slums, and when the children come in there, the schools can't accommodate them. The parents had to

look for alternatives, and these alternatives are largely non-formal schools that are not even linked to the Ministry of Education. As of 2005, three years into the policy, nearly 60 percent of children in these slums attend these types of schools where they pay. Even though we have free primary education, for 60 percent of the children living in the slums, they actually are benefiting from the policy. They attend non-formal schools staffed by unqualified and poorly remunerated teachers who often provide them with poor quality education which, unfortunately, they have to pay for. As we think about models and strategies to really improve the well-being of the urban poor, we need to think outside the box to identify the types of interventions that can really help them deal with several of the vulnerabilities they face.

Keynote Address*

Carolyn Stephens

Senior Lecturer
London School of Hygiene and Tropical Medicine (LSHTM), London

*The is based on a speech which was given with a power point presentation at the International Dialogue 2007 in Berlin.

I would like to start with a small point about language. I hate and always have hated both in terms of its accuracy historically and ideologically the term "developing". We colonised India, but actually India was much more ancient than we have ever been. If we are talking about what is going on in the world, we have to talk about the majority of

world. Demographically, all the people out there living in those communities we call slums are the majority. I would also like to suggest, that we move away from the word slum.

My own family, my great-grandparents grew up in one, and we were described by the Victorian elite as the people who drank too much, smoked too much, had too many babies, and knew nothing about anything. It was a pejorative term used by the elite, to describe that we were the source of all the disease. So I would like to suggest that in 2007, we don't really need to use Victorian English any more. I am not going to talk about where urban growth is; I am just going to say a couple of things about equity. I am not going to talk really about reproductive health, but I will talk about some of the health education's inequality. I don't think it is just a health services issue and I am going to talk a tiny bit about the role of urban planning and I am going to finish with my concerns about where we are going.

We don't have any idea in terms of health profiles. We don't know what is going on in smaller towns and cities. So, we can have a look on that optimistic picture we saw very beautifully demonstrated by Gapminder, but we really have no idea what is going on in smaller towns and cities. Now we could improve our epidemiological information. We could improve our death registration systems. In urban areas you can not easily bury big bodies like those of adults. So it is difficult to have illegal burials in urban areas. This means we could be improve that data base considerably, and this is what my PhD is trying: counting bodies in mortuaries and working out who was taking out bodies in cars. This is perhaps why I am a little bit depressed about urbanisation.

What we don't know is, what is going on really with urban health to put individual issues into perspective and in terms of impacts of macro-economic changes. If you look at what is going on in Zimbabwe at the moment, we are seeing a very critical situation where urban people have very little access to something as basic as flour. There is a big benefit of living in urban areas, but it also means that macro-economic conditions and political conditions have a very rapid impact on urban populations. I am also very concerned about the long term well-being implications of urban inequality. We are living more now, I think, than ever before in what Adolf Huxley called the "Brave New World", where a tiny elite had this and the majority did not.

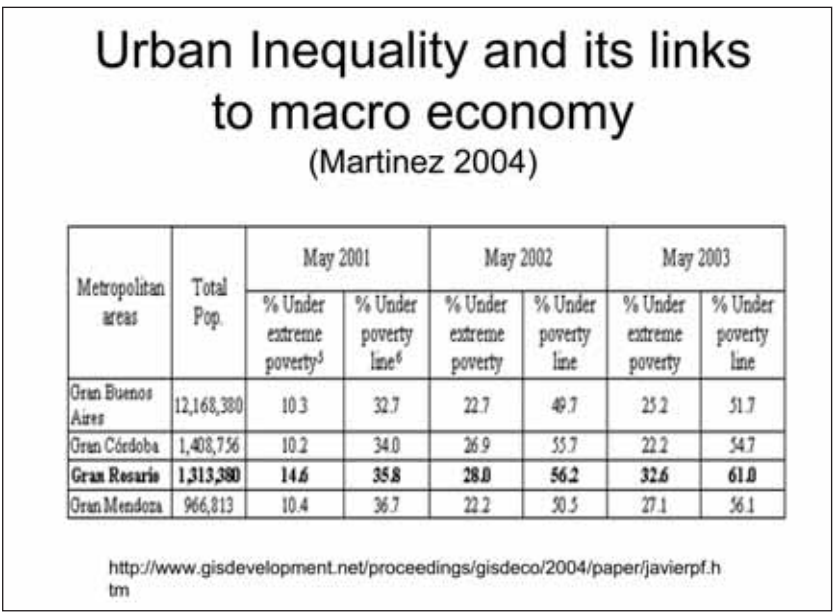
Just to give you some idea of how that can work, this on picture 18 is data from a paper published by a colleague of mine in Buenos Aires; it is looking at what happened in just a very short space of time in Argentina when the International Monetary Fund (IMF) crashed the

economy. It is looking from May 2001 to May 2003. It demonstrates that in Grand Buenos Aires, the proportion of people in extreme poverty moved from ten percent in 2001 to 25 percent two years later, a very rapid shift. If you look at the proportion under the poverty line, that went from 30 to 50 percent. That is basically the elimination of the middle-class. That is the middle-class going backwards completely, and it is the enormous impact that macro-economic trends can have, particularly on our urban populations. Maybe some of you have seen what implications that has for the Argentinian health.

For everyone, there are consequences and masses of inequalities. There is also what is called "double burdens". In other words, these people we describe as the urban poor, don't just get all the indicators that we have described, diarrhoeal disease, poor reproductive health; they also die young of other chronic diseases.

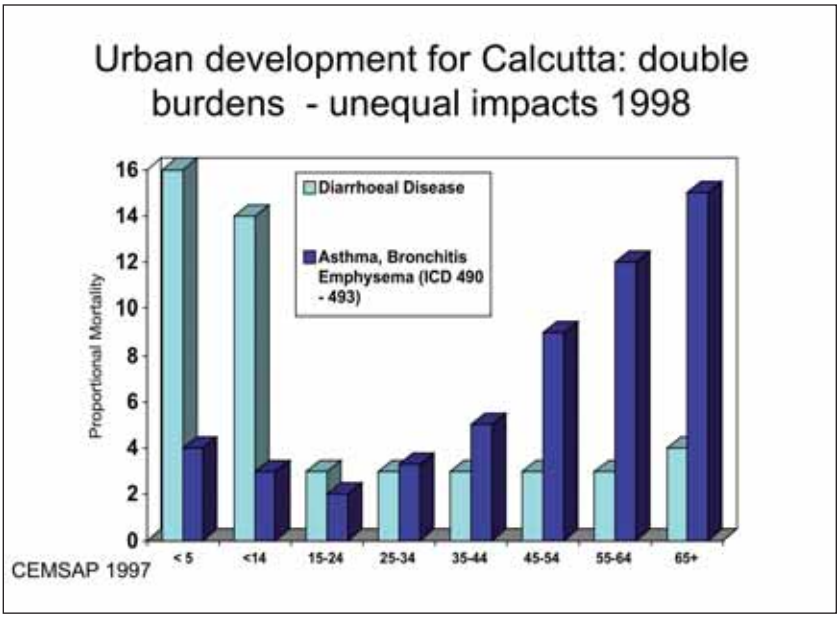
Urban violence is a massive problem. There is some evidence now, that it is actually turning around life expectancy which I find appalling. For women and children, there is the so called "conditions of poverty", but there is also the conditions of social exclusion and ine-

Picture 18



Metropolitan areas	Total Pop.	May 2001		May 2002		May 2003	
		% Under extreme poverty[5]	% Under poverty line[6]	% Under extreme poverty	% Under poverty line	% Under extreme poverty	% Under poverty line
Gran Buenos Aires	12,168,380	10.3	32.7	22.7	49.7	25.2	51.7
Gran Córdoba	1,408,756	10.2	34.0	26.9	55.7	22.2	54.7
Gran Rosario	**1,313,380**	**14.6**	**35.8**	**28.0**	**56.2**	**32.6**	**61.0**
Gran Mendoza	966,813	10.4	36.7	22.2	50.5	27.1	56.1

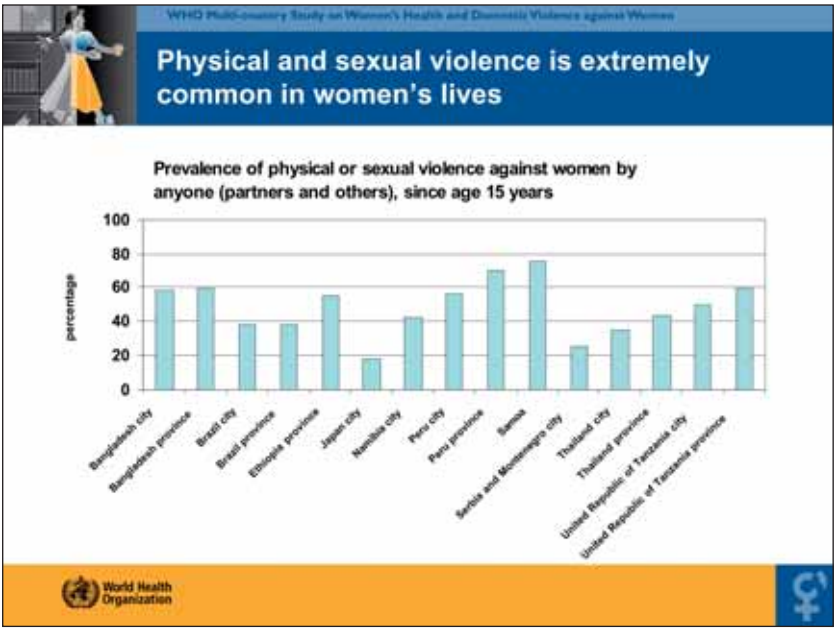
Picture 19



quality and these are two very different terms for me. Exclusion, which the World Bank likes to use, implies that there is a tiny minority who are excluded and the majority are included. That is not what is going on, it is the politics of inclusion: "We are the included, they are all the excluded."

• This is data (see picture 19) from a very interesting idea, they wanted to see if you could actually get Calcutta through industrialisation without killing everyone, which is a quite interesting idea. When you have that kind of industrialisation, I don't know how many of you know Calcutta, but it is an extra-ordinary city, 15 or 16 million inhabitants, depending on how you define it. This data is proportional mortality; it effectively shows that if the diarrhoeal disease doesn't kill you then the asthma will. I find this very worrying, because the industrialisation in my country was built on a mixture of industrialisation and colonial exploitation. Calcutta does not have that option. Calcutta has the outsourcing of dangerous industries, for example. There is a massive industry in household lead battery recycling. If you are a bonded labourer you bond your whole family into it: you go in, you get three years, and then you are basically disabled and then your brother comes in and takes your place. That is not a very good trade off. If you think about what

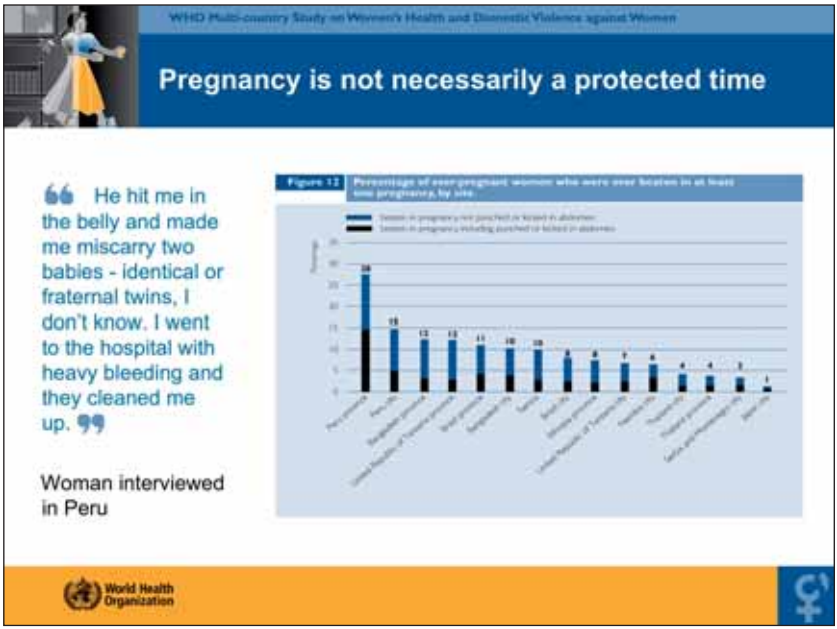
Picture 20



the urban poor are doing, they are trying to trade off their own health for a better life. We calculated, using modern risk assessment techniques, one of my colleagues was extremely worried that everyone in Calcutta should be dead. Now they are not, quite clearly. What is shocking about this graph is, it actually shows that things like asthma and bronchitis and emphysema, which certainly shouldn't be killing working age people; the proportion mortality shows that it is a rising problem as soon as you start hitting 25 to 34.

• If you are looking at the urban conditions effecting young people, girls and women, you have got the kind of things that my colleagues were describing: the malnutrition infectious disease complex, which will kill people when they are under five. Then you have got the macro-environmental conditions, the air, water and the roads, where traffic accidents are a major issue. Then you have got the social violence and sexual violence, and you have got alienation and segregation of the population. If you are looking at those women, they have the same malnutrition and infectious disease complex. We haven't really talked about that interface of infectious disease and reproductive health, but that is quite a strong link as well. Sexual violence is a major problem, and it is a problem in pregnancy. I am not going

Picture 21



to talk about reproductive service rights because my colleagues have covered it. I am going to say a tiny bit about urban planning and sexual health.

• In an excellent study by colleagues of mine in the University of Sao Paulo with data from Rio and Sao Paulo, they analysed a really long period of time as one of my colleagues suggests that history started before 1950. This isn't much further back, but this is 1930 to 1991, and this is looking at what is going on for adolescents and that rise is indicating that actually both mortality and life expectancy for adolescents is going backwards or in this case, mortality is going upwards. It has been the politics in all urban areas, certainly in Sao Paulo and Rio, to give the poor water and sanitation and then you tell them to be quiet; it is kind of bread and circus policy. That doesn't actually solve your problem in the long term, because in the long term you have a problem where the alienation of society creates a situation, where social violence is increasing rapidly. It is actually turning around all the benefits that vaccination and toilets will ever achieve.

• This is (see picture 20) basically showing data from a major study of sexual and physical violence against women. In terms of urban areas, it looks like urban violence against women is lower

than rural violence against women, just a slightly beneficial perspective.

• If you look at this data (see picture 21), which is whether or not women are getting beaten in pregnancy, fifteen percent of women in Lima are getting beaten during pregnancy. Eight percent of women in Sao Paulo are getting beaten during pregnancy. Between 18 and 58 percent of urban women are experiencing violence, it may be lower than rural violence, but evidence from the qualitative interviews in that study suggested that network support is also substantially lower.

I would also like to point out the link to urban planning and to basic needs. There is an incredibly interesting number of qualitative studies, that suggest that basic needs and how they are located, is fundamentally important to sexual security and sexual health. There were studies in Calcutta, for example, that demonstrated that what women were most concerned about in terms of location of toilets, was the lights around the toilets. Particularly homeless women in a context like Calcutta just can not use toilets if there are no lights around them and one of the biggest improvements in women's lives in terms of their sexual and social security, is the introduction of lights around facilities. I think what we need to be doing is having very holistic thinking, if we are really not just talking about basic needs, which the World Bank has been doing for years. We need to deal with the way that planning interfaces with the health of women and old people. It is not just health-people who need to do this; I agree totally, it needs to be up to architects and urban planners.

We need more than basic needs approaches to deal with urban violence; you can not deal with urban violence through either locking people up, or giving them toilets. For me the evidence on double burdens of their health suggests we need really long term approaches to think about how we are dealing with urban areas. If we really are moving towards sustainable development, then we need to start calling it inequality and not poverty. We need to start looking at ourselves, we need to start educating ourselves and our young people about the way they are treating other countries. And we need that to work in every place.

Summary of Conference day, October 9th

1. Welcome Addresses

As a major producer of contraceptives, Bayer Schering Pharma is supporting activities that lead to the enhancement of women's health. Therefore, the company is looking for partners within a network of international experts working in the field of family planning, reproductive and sexual health, for which this conference series in particular has become a very important example, emphasised Klaus Brill, Vice President of Corporate Commercial Relation, Bayer Schering Pharma AG, in his speech on October 9th.

Looking at the challenges rapid urban growth brings with it, we have to analyse especially what we can do for urban people. In this context, Bayer Schering Pharma, especially wants to know what can be done to increase access to health systems and to contraceptives and also what to do to let more young people know about family planning issues.

In the future, urged Jörg-Werner Haas, GTZ Director of Division of Governance and Democracy, Eschborn, municipal administrations will have to adjust their planning and health services to better meet the needs of the poor urban popu-

lation. City municipalities should have a department for sexual and reproductive health services, which to date is largely neglected in most cities. Urban health services will need to cover fields of sexual and reproductive health, family planning, prenatal and post-natal care, healthcare for women and infants, unsafe abortion, as well as the prevention and treatment of sexually transmitted infections. This includes the right to contraception as well as information and counselling about sexuality and fertility. Urban planning and budgeting, for example, has to address issues which are of specific interest to slum dwellers, including urban violence and drug risks, he added. The required adjustment process should obviously include all players.

2. Opening Address

In his speech, Erich Stather, State Secretary in the German Federal Ministry for Economic Cooperation and Development (BMZ), underlined that cities must become safe and fair places in which the poor groups in society can also put into practice their right to self-realisation and where equitable access to basic facilities in the areas of healthcare,

infrastructure and education is guaranteed. To make that come true, the BMZ supports urban development strategies which ensure civil society participation and guarantee that the voices of poor and marginalised groups are heard. The "Cities Alliance, a global coalition", of which Germany is a member, has demonstrated in numerous urban development projects how this can be made to work. The initiative lends its support to the drafting of urban development strategies and the upgrading of slums in more than 190 cities in 50 countries, the State Secretary mentioned.

3. Keynote Addresses

Rogelio Fernàndez-Castilla, the Director of the Technical Support Division, United Nations Population Fund (UNFPA), New York, made the 2007 UNFPA State of the World Population Report the subject of his presentation. The report titled 'Unleashing the Potential of Urban Growth' mainly deals with the situation of the growth of cities, and the challenges and opportunities this brings.

Cities actually have great potential, because there, economic, social, demographic and environmental aspects exist in a much more favourable environment in terms of progress than in the rural areas. However, cities are not taking the full advantage of their potential, mostly due to poor governance fuelled by misperceptions. Now the emphasis of the UNFPA State of the World Population Report is to challenge common misperceptions, to correct inadequate policies and to suggest better approaches to deal with urbanisation. The UNFPA is convinced that the better we understand the nature of urban growth and come up with realistic policy options, the better we will be able to deal with the inevitable and extensive increases in urban populations.

Elaborating on these misperceptions, Mr. Fernàndez-Castilla said that urbanisation has the potential to facilitate the policies that will slow down demographic growth. The urban environment is one which favours and encourages small families. It provides for greater access to services and is more conducive for the empowerment of women. He indicated that the largest part of demographic growth does not happen in the mega-cities. It is the small and medium-sised cities that are making the greatest contribution towards urban growth. They need more help, but also offer the best chances for effective action, as they have much more room to manoeuvre: most of the infrastructure is still to be developed and this can be done with an eye to the environment, public transport and services. The problems and difficulties of the slums in mega-cities may not necessarily arise if pro-active, foresighted policies are implemented.

In order to materialise the potentials, an attitude change among policymakers

must be promoted. Accepting inevitable urban growth, they have to address the reproductive health needs of people, particularly the poorest. What is more, a plan with a long-term vision must be developed so that we can plan ahead to ensure the sustainable and effective use of urban space.

Sharon Camp's presentation highlighted the extraordinary return on investments in sexual and reproductive health and the growing gap in such reproductive health services for growing populations of urban poor. Starting with a few facts about the role of sexual and reproductive health in the worldwide burden of disease, the President and CEO of the New York Guttmacher Institute told the audience that almost a third of disease and early death among women of reproductive age derives from poor sexual and reproductive health. This means that the complications involved in high-risk pregnancy, unsafe abortion and sexually transmitted infections are responsible for one third of all premature death, illness and disability among women.

She showed figures and presented results drawn from Guttmacher research that painted a picture demonstrating the need for improvements in sexual and reproductive health, essential to meeting the Millennium Development Goals. Currently, family planning services reach about 516 million women in developing countries, and Guttmacher's calculations have shown that this prevents 210 million unintended pregnancies per year which, in turn, would have resulted in 67 million unplanned births and 118 million abortions, as well as three million infant deaths. But there are also those 200 million or 30 percent of women in the developing world, almost half of them in urban areas, who have an unmet need for modern contraception, which means they do not want to become pregnant, but are not using any method of contraception at all or are using less effective methods. If their unmet family planning needs would be addressed, another 1.5 million maternal and infant deaths could be prevented every year as well as an additional 52 million unwanted pregnancies.

The Guttmacher analysis of demographic and health data from 55 developing countries also revealed disparities in contraceptive use between urban poor and non-poor populations, especially in Sub-Saharan Africa and parts of Asia: using a contraceptive method is more common among non-poor urban residents than among urban poor. Similar patterns emerge when you look at women in urban areas who do not want to get pregnant, but are not using contraception.

Other studies of unwanted pregnancy and abortion in Nigeria, the Philippines, Guatemala and Uganda showed disparities in access to safe abortion for poor urban women compared with wealthy

women, with the poor ones being at a disadvantage. Sharon Camp stated that, in her opinion, promoting and putting into practice the wider use of effective contraception could go a long way to preventing unsafe abortions and the serious consequences for women's health that these entail.

She also added her thoughts about some of the new findings on the unmet needs of urban adolescents, which are drawn from a joint study with African Population and Health Research Centre (APHRC) of nearly 20,000 adolescents aged 12 to 19 in four African countries, a study that Alex C. Ezeh also later referred to. The findings show that, at most, only half of 15 to 19 year-olds had received any kind of sex education in school. As a result, many adolescents who are already sexually active do not know where to find contraceptive supplies or services in the urban areas of Ghana, Burkina Faso and Uganda, Sharon Camp assumes. The good news is that, despite the figures, condoms are quite widely used by adolescents in Africa, especially in urban areas. At least half of the adolescents aged 15 to 19 in all four countries showed some level of condom use. Nevertheless, many young

men apparently do not know how to use a condom correctly. Guttmacher surveys also showed that preventing pregnancy by itself or in conjunction with preventing HIV and other sexual transmitted infections (STI) is the main reason that girls in all four countries give for using condoms. Sharon Camp argued therefore that efforts to encourage the use of condoms must be put across using the prevention of both unwanted pregnancy and HIV as strong messages in order for such campaigns to be effective among young people.

To address the unmet needs of adolescents in urban areas properly, governments should design policies and fund comprehensive sex education programmes that are adjusted to the reality of adolescents' awareness and sexual behaviour. Starting at primary school level, these programmes should, for example, include more detailed information about pregnancy and STI prevention. Furthermore, condoms should not only be promoted for HIV prevention but also for pregnancy prevention. It is crucial to combine family planning work with HIV prevention, so that both of these issues are dealt with jointly wherever they are addressed.

Sharon Camp calls for re-establishing reproductive and sexual health as a global priority. Closing the gap in sexual and reproductive healthcare for women and men worldwide in urban as well as rural areas definitely contributes towards sustainable development. However, to make our efforts a real success, we need the support of the German government and other progressive governments in Europe to make sure that the issue of sexual health is placed firmly on the agenda of multi-lateral organisations. Moreover these governments should also use donor coordination mechanisms within developing countries to support good policy development and move quickly to address growing contraceptive shortfalls.

Summarising the information that the Kenya-based APHRC has on urban growth in Africa, its Executive Director Alex C. Ezeh said there are rapid rates of urbanisation amidst economic decline or stagnation, with growing poverty being the result. "Poverty in urban areas has worsened more than in rural areas. As a result of this, there are huge growths of informal settlements or slums, due in part to deteriorations in the provision of basic social and health services. As a result of all these factors, the health situation has worsened in many Sub-Saharan cities", he reported. In an attempt to show, based on the evidence, how bad the situation in slum areas really is, the Centre carried out research based on different surveys, for example a slum survey in Nairobi. Indicators from the slum survey were compared to similar ones for Nairobi as a whole and other parts of the country, including rural areas, to gain an overall picture.

In the context of reproductive health, for example, their research revealed that the poor in Kenya, whether urban or rural, have about three times as many children as the rich. The total fertility rate for the richest 20 percent was three children and eight for the poorest. Looking at contraceptive use, the poorest are using contraception at a rate of one third of the level of the richest; 11 percent compared to 31 percent respectively. One can see that the poor are three times more likely to have an unmet need for family planning than the wealthy. This raises the question as to what extent this high fertility level which is driving urban growth is actually a function of the desired family size or for an unmet need for family planning. If you compare the number of children that women actually have and the number they want to have in the richest households, you'll find that the numbers coincide: it is 3.1 for both. This means that these women are able to use family planning and contraception effectively. If you look at the poor, you have 7.6 average fertility and 5.4 desired family size. Alex C. Ezeh argued, if you can help these poor people achieve their desired family size, you can reduce their poverty situation as well as reduce rapid urban growth, which makes a contribution towards achieving the MDGs.

Another outcome is that slum dwellers start sexual activity at an earlier age than their counterparts in non-slum areas. The three-year difference could mean the difference of completing or not completing secondary school, which has implications for maternal health, reasoned Alex C. Ezeh. They also found out that, in a number of African countries, urban women actually have higher levels of unwanted fertility than rural women.

The key question for APHRC is: "What are the implications of current levels and patterns of demographic processes for the future of Sub-Saharan Africa?" In conclusion, the APHRC Executive Director mentioned that the urban poor, especially children, bear huge burdens of ill-health, and despite existing interventions that can improve the health of these children, their health status continues to worsen. The increasing fertility of poor women is largely due to high levels of unmet need for family planning. Growing poverty and widening fertility spans mean larger proportions of children are being born into poverty with huge implications for future economic growth. He finally stressed that many of the strategies and programmes we have to improve the well-being of the rural poor may not work with slum dwellers.

Carolyn Stephens, Senior Lecturer, London School of Hygiene and Tropical Medicine (LSHTM), London, unlike previous speakers, chose to focus on equity instead of on issues like reproductive health and where urban growth lies.

Health profiles offer comprehensive information about the health of the population; however, unfortunately not much is known in terms of the health profiles of smaller towns and cities, Carolyn Stephens pointed out. The information delivered by health profiles describes the health situation in the city, provides insight into the everyday life of the citizens, but also sheds light on the environmental and social factors which have an effect on health. In her opinion, the lack of these in smaller urban centres constitutes a regrettable deficit, because such health profiles can also offer potential solutions to the health problems in cities as such.

Living in urban areas offers great benefits, but also means that macro-economic trends and political conditions have a very rapid impact on urban populations. Concerned about the long term implications of urban inequality for people's well-being in a world where a tiny elite is well, but the majority is not, she presented some research results which demonstrate a very rapid shift in the percentage of people in extreme poverty in Gran Buenos Aires, from 10 per cent in 2001 to 25 percent in 2002.

The proportion of those living under the poverty line went from 30 to 50 percent, which basically means the elimination of the middle-class.

For the urban poor, a consequence is also what is called "double burdens". Explaining this term Stephens said that the urban poor not only suffer under indicators such as diarrhoeal disease or poor reproductive health, but they also die young of other chronic diseases. Looking at urban conditions which affect young people, girls and women, Carolyn Stephens gave special mention to the malnutrition infectious disease complex, social violence and sexual violence. In addition, there are the macro-environmental conditions, the air, the water and the roads, where traffic accidents are a major issue, she said.

The health expert also pointed out the link to urban planning and basic needs. There are qualitative studies which suggest that basic needs and where they are located is fundamentally important to sexual safety and sexual health. As an example she drew the audiences attention to Calcutta: poor women there are very concerned about toilets being located in areas which are brightend up with light, so they wouldn't be exposed to violence.

Considering all these different aspects, Carolyn Stephens pleaded for a holistic way of thinking "We need to deal with the way that planning interfaces with the health of women and elderly people. It is not just health-people who need to do this but architects and urban planners", she underlined.

4. Discussion with the audience

The following question period generally witnessed much agreement with the keynote speakers' points and conclusions and only a few objections and criticisms. Whether priority is given to either adequate housing or access to health care or education, in the end it all comes down to good governance. Therefore, we must place the emphasis on good governance or well-organised governance, demanded one audience member. Following on from that point, Sharon Camp stressed that, if we want to improve good governance, we need to support civil society. Governments should therefore create a sector called "civil society", and give their direct support to the organisations in this sector, she suggested. Alex Ezeh also sees civil society as an issue, and he called upon development partners to do a lot more in strengthening their efforts in this area. He suggested, for example, to establish working groups with partners from civil society who have the knowledge on the ground.

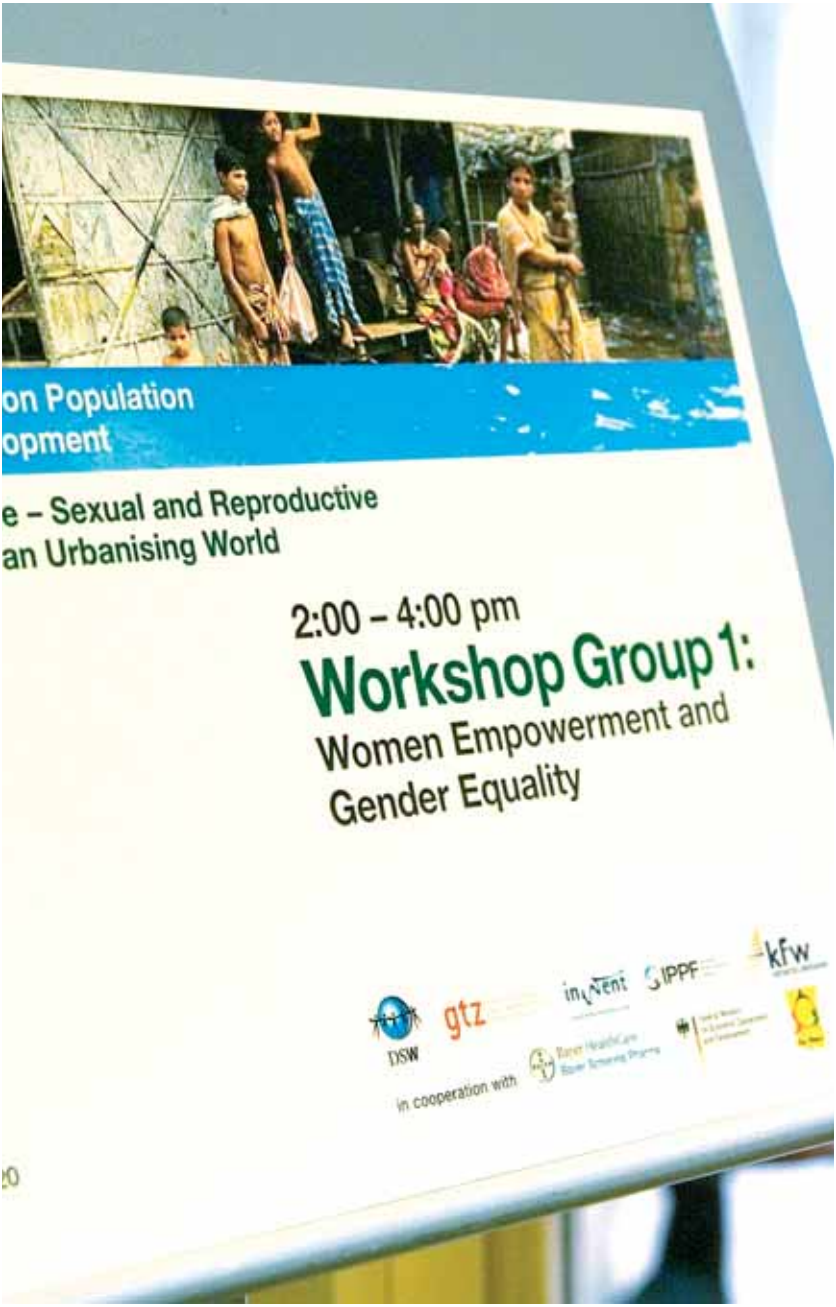
Rogelio Fernàndez-Castilla wanted the knowledge base regarding reproductive health to be strengthened and the access to data to be improved. In addition to investing in reproductive health, we should also invest in analysing data.

One concern expressed by Steve Kinzett from Reproductive Health Supplies Coalition (RHSC) was the shortage of space for building services in slums. Furthermore, he underlined informal or improvisational services which governments should be aware of.

Erhard Schreiber, Founder of the Hanover-based German Foundation for World Population (DSW) remarked that the conference is not about discussing details but about making progress in strategies. He then emphasised that there is a gap in the financing of family planning, something which was not discussed at the conference. This is an alarming fact, especially when one considers that, in Africa, the population will double within the next 40 years from one to two billion. According to the 2007 Millennium Development Goals (MDG) Report, population dynamics make development nearly impossible and are therefore a barrier to reaching the MDGs in the least developed countries and regions.

Criticising the authors of the MDGs documents for neglecting population growth when composing them, he urged for discussions on the link between population growth and development at all UN conferences, international meetings and among governments. He put forward three demands that he thinks must be discussed: first, the full financing of reproductive health; second, broader discussion on the link between population growth and development; and third, fostering dialogue with the less developed countries to ascertain their needs in this respect.

Salem Mashour from the Rotarian Action Group for Population and Development, Cairo, mentioned some small success stories from Egypt. In order to contribute to the reduction of fertility rates, the group launched education projects for young girls and started distributing microcredits to help overcome poverty, which is slowly starting to pay off.


on Population
opment
e – Sexual and Reproductive
an Urbanising World
2:00 – 4:00 pm
Workshop Group 1:
Women Empowerment and
Gender Equality
DSW
gtz
in cooperation with
kfw

Workshop Results

Group 1:
Women Empowerment and Gender Equality

Group 2:
Youth and Adolescence in Urban Areas with the Linkage to Reproductive Health and HIV/Aids Prevention

Group 3:
Sexual Reproductive Health and Rights in Urban Areas

Group 4:
Good Governance and Participation of Civil Society

Concluding Remarks

Ingar Brueggemann,
Member of the Board of the German Committee
for United Nations's Children Fund (UNICEF) and
German Foundation for World Population (DSW), Berlin

Recommendation

Erhard Schreiber,
Founder and Chair of German Foundation
for World Population (DSW), Hannover

Workshop Results

Working Group 1

Women Empowerment and Gender Equality

Input:

H.E. Ing Kantha Phavi
Minister of Women's Affairs, Cambodia

Chair:

Claudia Radeke
First Vice President East and West Africa, KfW Entwicklungsbank, Frankfurt

1. Potentials of urbanisation for enhancing women's empowerment and gender equality

- better and more accessible educational opportunities, girls stay longer in school (later marriage & childbearing, better economic opportunities)
- better availability of social infrastructure, but not necessarily better access (need for targeting of poor women)
- more economic opportunities and independence leading to higher autonomy and self esteem giving the potential to escape gender-based violence

• better access to information leading to higher political & social participation

• greater social dynamics, easier change of gender roles

• larger number of poor people can be reached with quality services in a cost-efficient manner (as compared to dispersed rural populations)

2. Lessons learned from previous experience

• ensure women's representation at different levels: including local government level and committees (especially financial/investment: committee)

• include gender-based violence indicator in the indicator matrix of the Millennium Development Goals (MDGs) - example of Cambodia

• promote female identity in the communities (need to create positive role models)

• multi-sectoral urban programmes have to be realised at the programme level, not via budget support and sector-wide approach (SWAPs)

3. Key components of future policies and programmes

• more crime prevention programmes in slum areas also addressing men

• mainstream gender into all MDGs as well as in all donor's and partner's country policies and monitor results via gender impact assessment

• develop gender-responsive legal framework (marriage law, divorce law, land law, domestic violence law); civil society as a watch dog to monitor enforcement of these laws

4. Main political messages

• stronger political will, commitment and leadership are required to achieve tangible improvements regarding women empowerment & gender equality (leaving it all to the Gender Ministry/ Women's Affairs is not enough)

• give more attention to the urban poor

Working Group 2

Youth and Adolescence in Urban Areas with the Linkage to Reproductive Health and HIV Aids Prevention

Input:

Konjit Worku
Integrated Service for Aids Prevention and Support Organisation (ISAPO), Addis Ababa, Ethiopia

Josiane Caroline Monkam
German Foundation for World Population (DSW), Hannover

Chair:

Jörg F. Maas
Executive Director, German Foundation for World Population (DSW), Hannover

Results:

Working Group 2 thoroughly discussed about the existing challenges cities in developing countries face. Migration to the urban area is inevitable, as a result of not adequate employment and lack of education opportunity, health care service and place to live.

In this regard, reproductive health problems among youth and adolescent population in developing countries is not urban versus rural issue. Rather the problems are multifaceted and intertwined. In order to tackle sexual and reproductive health problems in urban areas, the root cause for the problems should be solved in rural areas. Thus, the intervention programme should address the vulnerable people in the place where they are living, and emphasis should be given to address the following points.

• encourage government to implement integrated intervention with Non-Governmental organisations working in the area

• better collaborated work with school, health, urban development planning sectors and with community

• create good governance, sense of responsibility and accountability

• develop need targeted intervention for rural, urban and slum area

• improve better economic opportunity through access to micro finance, and encourage urban youth to engage in different income generating activities for self reliance

• encourage government to invest in education and different infrastructure including health in country side

• encourage different sectors working on development intervention and urbanisation process to involve youth and include their view in decision making

• build and expand youth friendly reproductive health service, and replicate the best practise from other countries, like Uganda

• use the potential of very poor youth, build their reproductive health leadership skill and give them the responsibility to work with their peers, to disseminate reproductive health education in slum area

• create better access for contraceptive including condom

Workshop Results

Working Group 3

Sexual Reproductive Health and Rights in Urban Areas

Input:

Gabriel Ojeda
Director, pro familia, Colombia

Chair:

Ulrich Knobloch
Head Sector Intitiative Population Dynamics, Sexual and Reproductive Health and Right, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Eschborn, Germany

Results of the Guiding Questions:

1. What are potentials of urbanisation and urban growth for advances in the area under discussion?

- urbanisation is offering opportunities: better access to services, access to commodities and access to markets
- males and females are sharing the costs of reproductive health and rights
- corporation policy area: people living in poor urban areas
- better access to products and service (infrastructure)
- importance and power of interest groups lobbying for sexual reproductive health and sexual rights (SRH)
- mobilisation of people is easier
- willingness to pay for services
- celebrate caution, love and sex (emotional part is often neglected)
- less violence in protected places
- less social control makes it easier for the individual to take independent decisions

2. What are the lessons learned from previous experiences in different sectors?

• continuous and systematic lobbying and advocacy led to the development of a consensus among the broad range of stakeholders (conservative churches, governments, parliamentarians, Non Governmental Organisations, media)

• the development of a legal framework that is supportive is one of the key elements of a successful strategy, guaranteeing sustainability

• media support was important throughout: creating a positive context for political dialogue

• timing and external support (by the US, by IPPF) were important

• policy of charging for services is useful

• capacity building: trainings for doctors and nurses on research and evaluation

• involvement of a broad range of stakeholders in planning and decision making is important

• huge distrust of public facilities makes private channels better suited to providing services in urban slum areas

• physical access is a major constraint to utilisation of SRH services: women, men and youth will only use SRH services if they are readily available

• rights based approach is important

• effectiveness = to ensure coverage and quality (incl. acceptance)

• government must work with the private sector to provide services in urban areas – or allow private sector unfettered areas

• market segmentation / willingness to pay: Fee-for-service policy leads to the creation of demand. Services are not provided free-of-charge, but accorded on a stratified, subsidised, low-payment basis, different charges for services and commodities to the advantage of poorer groups of the society

• youth starts sex earlier: there is an opportunity to increase the use of services

• many know and want to know family planning services: huge demand for family planning services

• money and running little businesses, micro-credit opportunities lead to empowerment

• better infrastructure, better accessibility in general: but improvement necessary in neglected parts of cities

• youth friendly pharmacies offer new opportunities for free access to SRH services

• people need to be informed about their rights (importance of youth programmes)

3. What are the key components which policies, programmes and services should comprise in the future?

• the creation of a favourable legal framework and of political support for the issue SRH

• a human rights based approach to SRH lobbying the issue into the constitution

• objective: to offer the best quality of SRH services

• pro-poor approaches: segmentation of prices depending on the paying capacity of the customer

• avoid vertical programmes (build on synergy across different programmes)

• it is important to tackle the structural obstacles to universal access (example Kenya).

• include gender perspective in urban planning, strengthen rights-based approach

• pay attention to disadvantaged city districts and design comprehensive evidence based strategies

• procurement of contraceptives for distribution in urban areas by private organisation (even the government)

• sustainability: institutional and financial

• scaling up of good experiences

• build on local knowledge, use community members to deliver services – community based distribution (CBDs), centers for women's health (CWHs), etc

• create cultural books on SRH which are easy to read literature, take positive approaches

• include urban youths in discussing planning and implementation

• include communities that view SRH as taboo

Input:

Gabriel Ojeda
Director, pro familia, Colombia
Best Practice Columbia

In 1951, most of Colombian people still lived in rural areas (51 percent), but the results of the 1964 population census showed that a shift had occurred. The majority of the population is living now in urban areas (52 percent). This urbanisation trend has continued so that by 2005, the year of the most recent population census, 76 percent of Colombian is living in urban areas. The period of rapid urbanisation coincides with a time of generalised violence mainly in rural areas and with the beginning of industrialisation that is based largely on import substitution. These two phenomena impelled and accelerated the migratory flow from the country side. Colombia is sometimes referred to as a "country of cities".

In addition to these demographic trends, Colombia experienced other socio-economic and cultural changes that favoured and accelerated the transition from high fertility. Changes in literacy and levels of education have been impressive mainly among women.

Colombia's democracy, particularly during the early years of the family planning programme, set the country apart from many others in the region and no doubt contributed positively to various demographic and socio-economic changes including the development of a strong private sector role in population activities, especially family planning and sexual and reproductive health programmes.

In 1975 a new National Health System was created with a decentralised approach. The Ministry of Health (MOH) was set up to direct the system and had ample power over financing and programme execution. Regional and local authorities were entrusted with managing human resources and implementing programmes. Through Law 10 of 1991, the MOH was converted into a normative entity. The new Constitution from 1991 gave Colombians the fundamental right to decide the number and spacing of births, and it became the state's obligation to facilitate the means by which citizens could achieve their objectives. In fulfilment of the constitutional mandate, a comprehensive reform in health and social security was approved in

1993 as Law 100. In the health area, the reform establishes a general social security for the entire population with a unique obligatory health plan; a new feature allows institutions in the private sector to accept members and to offer services. As a result a great number of institutions that had never thought of offering such services are now including them in their portfolios. In 2003 the Ministry of Health approved the new law of sexual and reproductive health.

Despite the positive scenario presented above, there are still many needs, many unknowns, and many actions that will to be taken. Some of the more general needs in the health sector is to involve careful assessment of existing and future human resources (training needs and strategies). There is another need to ensure universal understanding of the health reform. Information explaining the changes brought about by the new health law should be given to all Colombians (rights and services provided). Interest of pressure groups should be formed to insure that health administrators perform their duties and offer sexual and reproductive services without further delay.

Lessons learned from Columbia's experience:

1. The rationale for establishing sexual and reproductive health programmes was based primarily on a health perspective and less on the demographic imperative of lowering fertility.

2. The development of a consensus among leadership groups in the public and private sector is necessary. This consensus must become codified as an official policy.

3. In Colombia, efforts to work with parliamentarians have been a productive avenue for generating political support for sexual and reproductive programmes. What was a greater benefit was educating and developing support among journalists and the medical leadership.

4. Communications and media have played a pivotal role in the development of family planning and sexual and reproductive health programmes. The media have to understand the importance of this issue for the country.

5. Although work on both the policy and services tracks is important, the greater concentration of resources and effort should be devoted to expanding the availability of services.

6. The overall level of funding for these programmes was substantial and was very important, equally important with the timing of the assistance.

7. A variety of training opportunities in various disciplines was essential to develop a cadre of well trained individuals who could develop and implement the research and service delivery programmes.

8. Emphasising good research and evaluation as a programme is being developed and throughout its growth will not only enhance the "scientific legitimacy" of the programme, but will also help to keep the programme improvement over time. A culture of using data for monitoring and evaluation has to be developed.

9. When the private sector is an active player (Colombia) in services delivery, keeping the relationship with the public sector informal a low-key may be the most productive avenue to ensure that services will be provided. The private sector should keep engaged with the public sector to facilitate improvements in the national programme.

10. Management should always have a clear vision of the institution's mission and stay focused on the institution's primary tasks.

11. Employees should be treated well to engender strong institutional loyalty.

12. One of the most important target group is the young people.

Workshop Group 4

Good Governance and Participation of Civil Society

Input:

Aku Xornam Adzraku
Youth Representative, International Planned Parenthood Federation (IPPF), Accra, Ghana

Chair:

Ute Schwartz
Director of Division Health, InWEnt – Internationale Weiterbildung und Entwicklung gGmbH (Capacity Building International, Germany), Bonn

Questions discussed:

- What are potentials of urbanisation and urban growth for advances in the area of "Good governance and participation of civil society"?
- What are the lessons learned from previous experiences in different sectors?
- What are the key components which policies, programmes and services should comprise in the future?

Introduction:

Good governance and participation of civil society needs democracy, participation, transparency and accountability as prerequisites. They have to be part of national policies in respect of human rights and the cultural environment. Legal reforms are necessary. But how to influence them? How to empower people in urban areas?

What are the potentials of urbanisation and urban growth for adolescents in the area of good governance and participation of civil society?

• Urban space makes social organisation easier (marginalised groups e.g. people with different sexual orientation).

• Urbanisation brings economic growth.

• Decentralisation gives a chance to civil society organisations and to communities to present their opinion and needs, but only in combination with participation.

1. What are the lessons learned from previous experiences with respect to good governance in urban environments?

• improvement in sexual and reproductive health (SRH) was only achieved by civil society and Non Governmental Organisation (NGO)

• they have been successful, because of support from national or international umbrella organisation

• it is important to build networks and partnerships

• traditional groups are very important

• "Civil Society" is not homogeneous; we have to distinguish: Non Governmental Organisations (NGO), Civil Society Organisations (CSO), individuals, parties, all kind of groups, professional groups etc.; is the private sector also civil society?

• the "voice of the people" has to be taken serious; but how to make them to be heard? example of a Poverty Reduction Strategy Papers (PRSP) meeting: "we understood nothing during the meeting"; later the meeting was moved into a civil society meeting; exchange with people in the communities has to be well-prepared

• policies have to be changed to the level of the people in the communities

• the cultural environment of the people has to be taken into consideration, e.g.

• the case of rape in the family : who can talk about it? “it’s not possible in our culture to expose our fathers or other family members to public condemnation”

• constructing wells near the chief’s house: will they use the well or prefer going to take water from the river? “how can village women gossip in front of the chiefs house?!”

Pre-requisites and enabling environment:

• competences are needed

• civil society has to be organised better

• government is willing to listen to civil society

• education to bring down policies to the local level

• trust (transparency, accountability...)

• civil society hold the government accountable: e.g. Malawi: village groups monitor the performance of members of parliament

• private sector (and Entrepreneurs) are needed

Risks:

• CSO as affiliates of political parties

• ethnic groups fight against each others

• policies are there, but its implementation faces problems (corruption, lack of transparency)

• to implement the decentralisation: it does not work if the budget goes to the centres

• if “speakers” of a community are not recognised by the central government as speakers in order to avoid criticism and change

• votes and elections are bought

• violent remotes of civil groups

• people get disrooted

2. What are the key components for good governance which policies, programmes and services in sexual reproductive health and sexual rights (SRHR) should comprise in the future?

Broad involvement of citizens, patients, is needed:

• Discussion during the planning process is needed (to get information on habits that influence the use of water, before construction water wells near the chief's house.

• Village councils are important in order to structure the process (women committee, youth committee; elderly, disabled persons...).

• Independent organisations are needed to talk to the government and the administration.

• You have to show, that you can do better.

• Civil societies are accepted and their supportive role for the process of improvement is seen.

• CSO have to exchange with traditional groups.

• National/global policies need to be adjusted to local level.

• Decentralisation.

• Civil society has not only to be heard, but also to be part of the decision-making and the development process.

• Money, money, money and its equitable distribution!

Open questions:

• How to strengthen CSO?

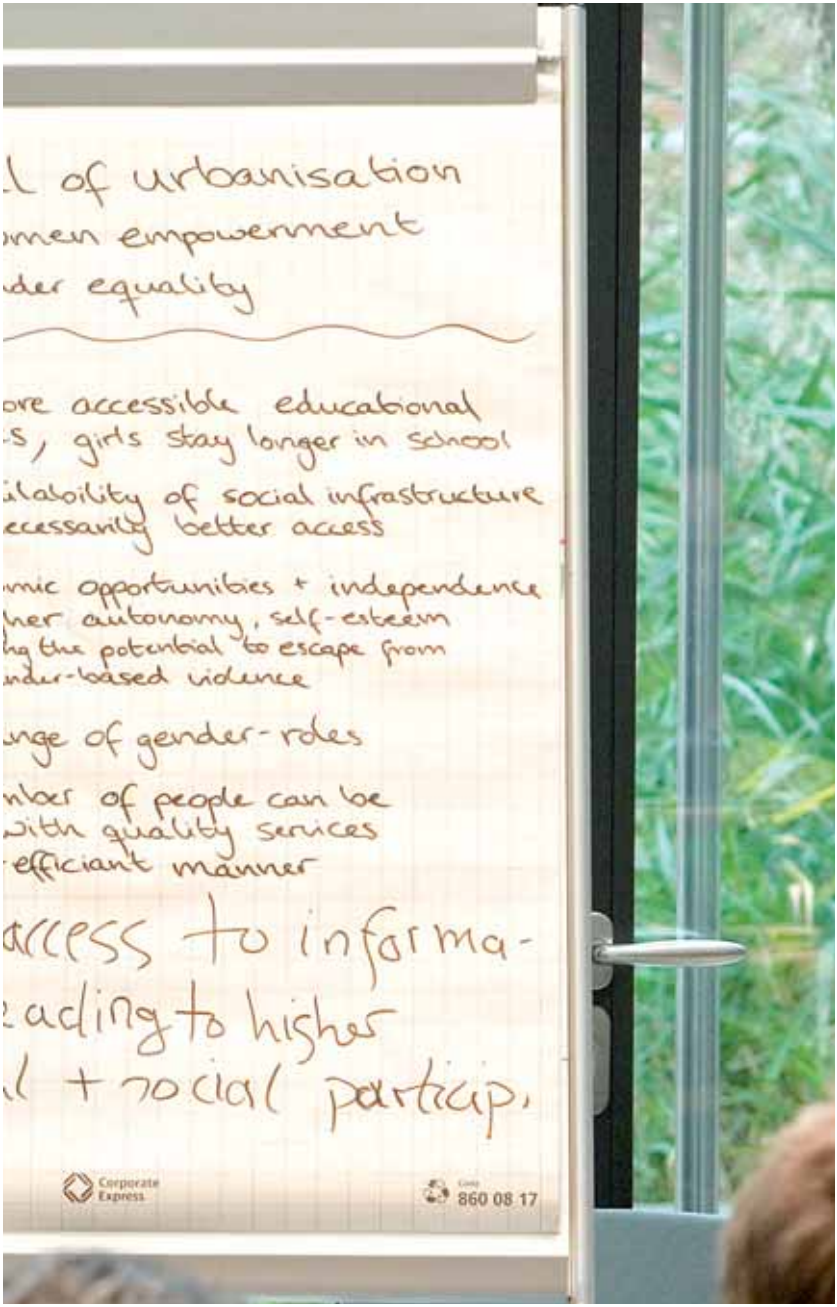
• How can we help poor people in urban settings to get organised and heard ?

• How to make sure that CSO of poor people are recognised? (If they are not recognised they are not heard.)

• How to give voice to the political participation of civil society?

• How to integrate the new comers in the urban environment? How to help them to build a new identity as members of the urban space?

• How to bring in “everybody”?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Concluding Remarks

Ingar Brueggemann

Member of the Board of the German Committee for United Nations' Children Fund (UNICEF)
and of the German Foundation for World Population (DSW), Berlin

Now that we are at the end of the meeting, we should reflect on what has been discussed and stress the highlights of the International Dialogue we took part in. We have just listened to the co-ordinator of the working-groups discussions, Jörg-Werner Haas, Director of Division of Governance and Democracy,

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), who summarised very well the results, as presented by the rapporteurs of the groups. He expressed the hope that this conference will have the positive effect of changing minds. If this is true, we all could go home now with a good feeling. Everyone has listened carefully, and we have recorded the findings in our own way and with our own selective mind.

The discussion and the panel contained issues that were new and worthwhile to be brought to our intention. For example, the way in which the conference took off, was exciting. Staffan Landin of the Gapminder Foundation presented how to "visualise" news and how important it is to show what statistics express. The visualisation, he demonstrated, is a very interesting way to show for example how urbanisation can be presented as a "moving process". The clear message was that the issue of urbanisation is inevitable. But this circumstance is not only negative. There are also positive features. The poor people's hope to escape poverty stimulates elements of creative thoughts. Since urbanisation is there to stay, we will have to deal with it as best as we can.

I think we were very lucky with the panel members. The lively presentation by Anna Kajumulo Tibaijuka, Executive Director of the United Nations Human Settlements Programme (UN HABITAT), showed her concern to make HABITAT an active body in concentrating on applying methods to improve conditions for the poor in urbanisation processes. Reporting on her experience on her own continent, Africa, she helped getting things down to practical interventions. She called upon us – while discussing urbanisation – not to forget that there is also a rural area that needs to be developed and that we should care for a healthy balance between these two types of settlements.

In that context of urban-rural balance, I am reminded of the situation in this country. Germany is a relatively young country. In former times, before becoming one national body, we had 39 little dukedoms and they all had their own cities and infrastructures. As a result, we do not have a big problem in balancing between urban and rural areas in Germany. But in general, worldwide, there is a need to pay more attention to so-called "secondary" cities of about 500,000 inhabitants. We are called to avoid slum situations and see to it that cities become more habitable than they are now.

The Minister for Women Affairs of Cambodia, H.E. Ing Kantha Phavi, demonstrated convincingly her country's present struggle. It was also very helpful to have – in addition to her dealing with one specific country – a mayor of a large city at the conference, talking about his experiences, for soon there will be cities that have 100 times more

people than certain small nations. Thus, Stephen Kabuye, the Mayor of Entebbe (Uganda), emphasised the need of an adequate infrastructure and how his country copes with rapid migration challenges.

Gill Greer, Director-General of the International Planned Parenthood Federation (IPPF), London, explained the relevance of the work of IPPF. There are independent family planning groups tirelessly working in about 150 countries. She pointed out that programmes for young people have become a high priority in IPPF. If the young are educated and have access to the needs of their sexual life, it will open the way to a right direction for their adulthood. Gill Greer explained how IPPF is trying to get boys and young men interested, and also make mothers feel confident enough to allow their daughters to take part in information programmes. I appreciate this emphasis very much.

We heard highly relevant statements and presentations which had something in common: they all emphasised the important role of politics, policies and politicians. I am sure that a meeting like this could not have taken place without the presence of German Federal Ministry for Economic Cooperation and Development (BMZ). Erich Stather, Undersecretary of the Ministry, assured us of the strong commitment of the German Government. As we have heard from the German Chancellor, Dr. Angela Merkel at the G-8 meeting in June 2007, cooperation with developing countries fortunately is increasing rather than decreasing. Population matters and the issue of "sexual and reproductive rights" are gradually turning into a household word. We have overcome the time of hesitating to pronounce them.

There were many particular references made on promoting reproductive health and rights as a key to achieving sustainable development. This was also the element, Rogelio Fernàndez-Castilla, UNFPA, emphasised in his speech. Population growth, urban growth, environment, education, advancement of women – all these issues are interdependent and one is promoting or impeding the other. Reproductive health and rights play a fundamental role.

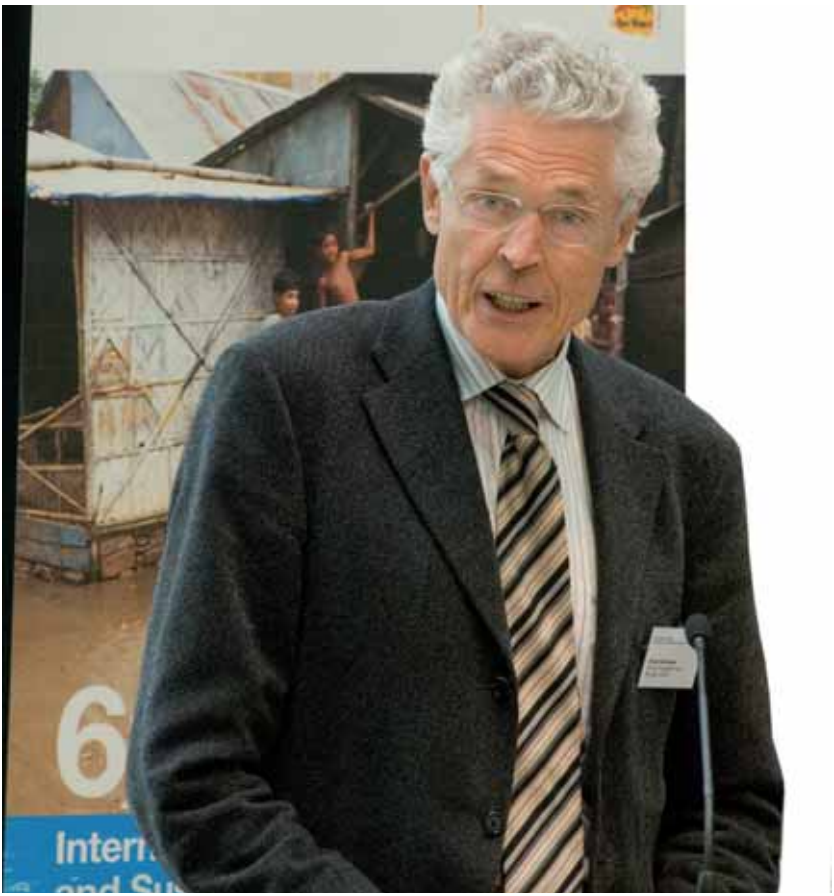
With regard to the need for political decisions, we have to call upon the politicians at all levels, not only in the ministries, but also in the local authorities, in the municipalities; we need the teachers and religious leaders. Getting together for this 6th International Dialogue, means to continue the debate on "population and sustainable development". I remember the first discussion, held in June 2002. It took place also in this very house, at the GTZ. The title was: "Reproductive Health – Stepchild of the International Community?". I do believe that these discussions in 2002 and the following at the succeeding conferences up to this one have helped to reach indeed

a change of mind and a more realistic and sustainable support to the development programmes.

In this sense, I would like to thank wholeheartedly the organisers – especially Bayer Schering Pharma – in fact all those, who were involved, all of you who came and did not say: "We had this before." No, we have not had this before! I feel that the 6th meeting has exposed us to new essential aspects of sexual and reproductive health.

I feel indebted to you all. This conference has been another step in dealing with the subject of Population and Sustainable Development which obviously we feel pretty close to. Let's continue to be concerned and involved and taking care.

Recommendation



Erhard Schreiber

Founder and Chair of German Foundation for World Population (DSW), Hannover

We saw an impressive presentation of world population development by the Gapminder Foundation. In the discussions during this meeting we found several statements on population growth such as: “One billion people are living in slums” or “In 40 years the population of Africa will increase from one to two billion people if we don’t act”.

Therefore I urge you to discuss one of the basic reasons for this population growth: The reason is to a large extend due to the lack of reproductive health services and family planning support.

According to United Nations estimates there are between 100 to 200 million couples who would like to prevent pregnancies but don't have access to information and contraceptives to choose the number of their children. However, the international community doesn't spend enough money to meet all necessary needs for contraception in the less developed countries.

Personally, I am frustrated; we are in the same situation as 16 years ago, when we started to work with the German Foundation for World Population (DSW). We in the developed countries are refusing millions and millions of women their human right to protect themselves against unwanted pregnancies and HIV Aids.

In slum-environments, there is a constant fight for life, for survival. If we empower the women to protect themselves, we give them back their dignity. When we see this gap of financing family planning we must demand that our Governments totally finance this lack in the field of sexual and reproductive health activities and family planning. This is a necessity. Every third pregnancy in the developing countries is unwanted. If we provide all couples with information and supplies for family planning, the population growth will decline immediately.

After this human side let me now add a political approach. In the mid-point report of the Millennium Development Goals, announced July 2nd 2007, is stated:

"The number of extremely poor people in Sub-Saharan Africa is not on track to reach the Goal of reducing poverty by half by 2015."

Should we be astonished about that? Let me point out: In the 15-year-period of the MDGs the population in Africa will increase up to 40 percent in sub-Sahara up to 50 to 65 percent. This population dynamic makes development nearly impossible: this fact is shown in the MDG report.

I believe, the authors of the MDG report ignored population growth. In this report, written by 25 international organisations, there is not a single word said about the influence of population growth on development. But Robert McNamara, the former president of the World Bank, stated as early as 1986: "If we want to fight hunger, we must support family planning at the same time." What I want to point out is that we should ensure that in all UN and international meetings the strong inverse correlation between development and population dynamics should be discussed. Sometimes I feel, it is a taboo

to talk about sexual and reproductive health (SRH) activities and family planning. Let us demand together that the dynamics of population growth and its results be integrated into all development discussions.

Then to make development support more effective, we must discuss the population growth with the Governments and the Parliamentarians in the less developed countries. We from the DSW find in many countries Parliamentarian Groups urging their Governments to do more in the field of family planning and reproductive health. They recognise themselves that having two to three children with access to health care and education is better than five to six children who live in poverty. We support these Parliamentarian Groups in Kenya, Tanzania and Uganda. In helping these Groups we can indirectly influence Governments and their commitment to population issues.

We also must make sure that political discussions of our Government and of other donor countries with the Governments of the less developed countries must also include the correlation between population dynamics and development.

In conclusion I see three demands we should emphasise and we should formulate these points as political demands. Only political will can lead to positive changes.

1. To finance family planning and reproductive health issues for all people worldwide. That is a political demand for more financial engagement from the industrialised countries. This fully financing must be a global priority.

2. To discuss broadly the correlation between population growth and development in the United Nations and in international groups. This is a demand to all our political leaders to recognise the facts.

3. To foster dialogue with the developing countries to strengthen their efforts in these fields. That is a demand to our neighbours in the less developed countries to change viewpoints and behaviour.

These points should be incorporated into our discussions. They will help to improve our efforts to develop urban areas. Perhaps these demands might be discussed at the African Summit of the European Union in December 2007 in Lisbon.

Annexes

Curricula Vitae

List of Participants

Programme

Curricula Vitae

ADZRAKU, Aku Xornam

National Coordinator of the Youth Action Movement, the youth volunteer wing of the Planned Parenthood Association of Ghana. Over the last four years Ms Adzraku is related to development work with the Youth Action Movement. She is engaged in action at national and international levels and with non-governmental organisations at community, district and national levels. Her areas of expertise include capacity building for young people, leadership development, community based planning and development, sexuality education, poverty reduction/livelihood, advocacy and HIV/AIDS education. The focus is usually on the use of participatory and appreciative inquiry methods/ techniques for need assessment. Ms Adzraku holds a BA in Political Science of the University of Ghana.

BRILL, Klaus

Mr. Klaus Brill is Vice President Corporate Commercial Relations at Bayer Schering Pharma AG, Berlin. 1982 he joined Schering as Medical Advisor in various fields (fertility control, hormone replacement therapy, prostatic cancer). Further career milestones at Bayer Schering Pharma are: Head of Department Medical Affairs Gynaecology/ Marketing Gynaecology, Head of Business Unit Gynaecology in the German operations and Head of Strategy and Portfolio Management Global Business Unit Women's Healthcare.

BRUEGGEMANN, Ingar

Member of the Board of the German Committee for United Nation's Chidren's Fund (UNICEF) and Member of the Board of the German Foundation for World Population (DSW). From 1995 until 2000 Ms Brueggemann was Director General at the International Planned Parenthood Federation (IPPF). Prior to that from 1992-1995 she was Director of the German Foundation for International Development (DSE). Ms Brueggemann can look back on a long professional career at the World Health Organisation (WHO). She entered WHO 1967. 1985 she became Director of External Coordination for health and social development. 1989 she was appointed Director and Representative of the Director General of WHO at the United Nations, New York, USA. Ms Brueggemann holds an MA/Ph.D. in Socio-Political Sciences and Arts from Marburg University.

CAMP, Sharon

President and Chief Executive Officer of The Guttmacher Institute, the leading policy research organisation in the field of sexual and reproductive health. Prior to joining The Guttmacher Institute, Ms Camp was President and CEO of Women's Capital Corporation, a start-up company responsible for the development and commercialisation of Plan B emergency contraception. From 1975 to 1993, Ms Camp was Senior Vice President of Population Action International (PAI). She is a widely quoted authority on the national and international politics of contraception, a popular public speaker, and the author or co-author of more than 70 publications on family planning and related subjects, including articles on emergency contraception. Ms Camp is an honours graduate of Pomona College and holds an M.A. and a Ph.D. from Johns Hopkins University, Baltimore, Maryland.

DONNER, Franziska

is director of GTZ Office Berlin since 2001. From 1970-1980 she did contract research and advisory in the security-political field at IABG (Industrieanlagen-Betriebsgesellschaft mbH). 1980 until 1985 she did project work in Thailand and the Philippines, inter alia for GTZ. 1985-1988 she was head of the "Reintegration Programme for University Graduates from Developing Countries" at CIM (Centrum für internationale Migration und Entwicklung). 1988-1993 she was director of GTZ Office Indonesia. From 1993 until 2000 she was head of the Corporate Development Unit at GTZ.

EZEH, Alex C.

Executive Director of the African Population and Health Research Center (APHRC). APHRC is a non-profit, non-governmental international organisation committed to conducting high quality and policy-relevant research on population and health issues facing Sub-Saharan Africa. The Center was established in 1995 as a Population Policy Research Fellowship program of the Population Council, with funding from the Rockefeller Foundation. Mr. Ezeh is primarily responsible for setting the direction and overseeing the operations of the Center; for assuring the integrity of the Center's resources and the quality of management decisions; for carrying out the strategic plans and policies as established by the Board. He received his Ph.D. in Demography from the University of Pennsylvania in 1993.

GREER, Gill

She has been appointed this year as the new Director-General of the International Planned Parenthood Federation (IPPF). She is a highly experienced and committed sexual and reproductive health professional and has been the Executive Director of the New Zealand Family Planning Association since 1998. She also chairs the Asia Pacific Alliance (a network of 30 NGOs in seven countries), and the New Zealand NGO Ministry of Health Forum (a network of more than 100 NGOs). Ms Greer has been a member of the New Zealand government delegations to the United Nations General Assembly Session on HIV/AIDS (2006), the United Nations World Summit (2005), the Commission on the Status of Women (2005) and the Commission on Population and Development (2004). Ms Greer has been awarded the New Zealand Order of Merit for services to family planning.

HAAS, Jörg-Werner

Director of Division Governance and Democracy, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. He studied architecture and urban and regional planning at the Technische Universität Berlin, where he subsequently taught for five years as research associate on topics concerning regional structural promotion. Research work on infrastructure investment as a means of regional promotion took him to the Peruvian Amazon and the Andes region. After serving three years as project manager with a German consulting firm in Malawi, Mr. Haas has worked for GTZ both in Germany and abroad since 1985. At GTZ Head Office he worked in the Corporate Development Unit, where his tasks included cooperation with the German Federal Ministry for Economic Cooperation and Development (BMZ) and decentralisation of GTZ. He was also Regional Director for Central America for six years.

H.E. ING, Kantha Phavi

H.E. was appointed Minister of Women's Affairs in July 2004 following the formation of the new government. As such she is responsible for the overall management and leadership of the Ministry of Women's Affairs. In 2005, she was appointed Deputy High Commissioner for the Supreme Council for State Reform. Prior to becoming Minister, Ms Phavi served as Secretary of State of Women's and Veterans' Affairs for 5 years, where she was in charge of elaborating gender responsive policies, strategies and plans of action, and ensuring the management and follow up of technical programmes in health and economic empowerment. H.E. holds a Brevet in Public Administration from the Ecole Nationale d'Administration (ENA), Paris (1995) and she is a Medical Doctor specializing in Nutrition and Tropical Diseases, Paris (1990).

KABUYE, Stephen

is Mayor of Entebbe Municipality since 1993. He is also Vice President/Chair Africa Region of the International Council of Local Environmental Intitiatives (ICLEI). Beside that he also since 1998 holds the Vice Presidency ot the Local Authorities Confronting Disaster and Emergencies (LACDE). Mr. Kabuye is Founding Member and Honorary President of the Lake Victoria Region Local Authorities Cooperation (LVRLAC). From 1999 to 2003 he was Commissioner of the Local Government Finance Commission of Uganda. Prior to that he was working for the Adventist Development Relief Agency, (ADRA), the National Water & Sewerage Corporation Uganda and the Uganda Wildlife Education Centre. In June 2007 Mr. Kabuye was honoured for his "distinguished service to the Municipality of Entebbe as Mayor" and his "distinguished position and responsibilities on the international world".

KNOBLOCH, Ulrich

Senior Staff Member of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Division of Health, Education and Social Protection. Mr. Knobloch held various senior technical and management positions in the health field and has gathered extensive work experience in Latin America, Africa, the Mediterranean region and at GTZ headquarters. Currently he is the responsible a sector initiative, which is contributing to strengthen the anchoring of population dynamics, sexual and reproductive health and rights within German Development Cooperation. Mr. Knobloch is a medical doctor (specialist of internal medicine) with a postgraduate specialist degree in Public Health (MPH).

LANDIN, Staffan

Web Producer at Gapminder Foundation. Gapminder is a non-profit venture for development and provision of free software that visualise human development. This is done in collaboration with universities, UN organisations, public agencies and non-governmental organisations. Gapminder is a Foundation registered at Stockholm county administration board. It was founded by Ola Rosling, Anna Rosling Rönnlund and Hans Rosling on 25 February 2005, in Stockholm. Gapminder work serves a purpose of filling a gap. There has been a market failure in distributing global data. A lot of people are interested in the data, but don't get access to it (and if they manage to access the data, they need to be advanced skilled statisticians to analyse it). Gapminder wants to make data more accessible and easier to use for instant visual analysis.

MAAS, Jörg F.

Executive Director of the German Foundation for World Population (DSW) – a private foundation and charity in dealing with world population issues, including sexual and reproductive health and HIV/AIDS. Mr. Maas studied in Bonn, Berlin, and at Harvard University and holds an M.A. in philosophy and a Ph.D. in history and philosophy of science. Dr. Maas has been working with institutions of the European Union, the World Bank and UN organisations and serves on the boards of several European non-profit organisations.

MADEJA, Ulrich-Dietmar

Executive Director Social Health Care Programs Bayer Schering Pharma. Mr. Madeja is a medical doctor who graduated form Humboldt-University Berlin, Germany. From 2000 until 2005 he worked in Malaysia and Singapore as Marketing & Sales Manager and Regional Business Development Manager Asia-Pacific as well as Medical Director. Prior to that he was appointed at Schering AG, Berlin as Regional Group Product Manager Therapeutics for Region Asia/Middle East and as Assistant to the Board of Directors.

OJEDA, Gabriel

Director, Planning, Evaluation and Research, PRO FAMILIA Bogota, D.C., Colombia. Mr. Ojeda works with PRO-FAMILIA since 1976. He is author of several publications on sexual and reproductive health issues. He wrote about issues such as “Influence of some Personal and Family Factors on Peasant Migration in the Colombian Communities”, “Comparative Cost of the Different Service Programmes in PRO FAMILIA”, “Community Bases Distribution by Mobile Teams in Colombia: Policy Implications and Alternative Strategies”. Mr. Ojeda is doctor in vetinary medicine. He holds a Master of Science in Agricultural Communications, Agricultural Development, Rural Sociology and a PH.D in Agricultural Development, Rural Sociology, Demography and Research Methodology of the Ohio State University, USA.

RADEKE, Claudia

First Vice President East and West Africa, KfW Entwicklungsbank, Germany. Ms Radeke is responsible for the bank's development cooperation with 12 countries in East and West Africa, Sahel. Her first position at KfW was project manager for various countries in South-east Asia. Later she became director of the KfW office in Moscow. After her return from Russia, Ms Radeke became head of a directorate at KfW and dedicated herself to commercial procect and export funding to the successor states of the Soviet Union. She then became departmental director and her responsibilities included the development cooperation in the states of East Africa. Ms Radeke studied economics in Geneva and Munich. She holds a doctorate with a thesis on the economy of developing countries.

SCHWARTZ, Ute

Director of the Health Division of InWEnt (Capacity Building International, Germany). Ms Schwartz is a medical doctor and holds a postgraduate degree in Public Health. She has worked in the field of development cooperation for over 15 years. During several long-term assignments in Central America and Africa between 1990 and 2004, she acquired extensive field experience particularly in the field of HIV/STI, sexual and reproductive health, health systems and infectious diseases. From 2004 to 2007, Ms Schwartz worked as a Technical Advisor to the German Ministry of Economic Cooperation and Development, where she attended to a wide range of health-related topics of German Development Cooperation and took part in policy discussions (e.g human resources for health, donor harmonisation and fragile states) in the context of G8, European Union and OECD.

STATHER, Erich

is State Secretary in the Federal Ministry for Economic Cooperation and Development (BMZ) since October 1998. Since that time he is also Chair of the supervisory board of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH and Chair of the supervisory board of the Deutsche Investitions- und Entwicklungsgesellschaft (DEG). Since December 2002 Erich Stather is also Chair of the supervisory board of Internationale Weiterbildung und Entwicklung (InWEnt) gGmbH. Prior to that he served as State Secretary and spokesperson for the State Government in Hesse and in the Office for projects, information and communication. Mr. Erich Stather holds a degree in social sciences.

STEPHENS, Carolyn

Senior Lecturer in Environment and Health, most of her research focuses on the links of environment and inequalities with health, particularly the ways in which development processes enhance or endanger people's health. Ms Stephens works on both epidemiological studies and policy analyses. Most recently she has also moved to work on participatory ways of using epidemiology supporting people to analyse their own health and environmental issues. This led her to work with environmental justice and human rights lawyers and with farming communities, local urban groups and marginalised people in North and South. She is co-writer of the last Human Development Report 2007. Ms Stephens has a first degree from Cambridge University in English Literature; followed a few years later with an MSc and a Ph.D. in Public Health Medicine from the London School of Hygiene and Tropical Medicine and the University of London.

TIBAIJUKA, Anna Kajumulo

is the highest ranking African woman in the United Nations system. She joined UN-HABITAT as Executive Director in September 2000. Ms Tibaijuka has spearheaded UN-HABITAT's main objective of improving the lives of slum dwellers in line with the MDGs. Prior to joining UN-HABITAT, Ms. Tibaijuka was the Special Coordinator for Least Developed Countries, Landlocked and Small Island Developing Countries at the United Nations Conference on Trade and Development (UNCTAD). From 1993-1998, she was an Associate Professor of Economics at the University of Dar-es-Salaam. During this period she was also a member of the Tanzanian Government delegation to several United Nations Summits. Ms Tibaijuka holds a Doctorate of Science in Agricultural Economics from the University of Agricultural Sciences in Uppsala, Sweden, as well as an Honorary Doctorate of Science from the University College London.

WORKU, Konji Gizaw

is studying MA Programme on Master of Science and Public Health in Berlin at the Charité. She holds a Bachelor of art degree in Sociology and Social Administration Degree. Ms Konji Worku Gizaw was UN National Volunteer Head of Center for Womens In Management (CEWIM) at Ethiopian Civil Service College (ECSC). She amongst others was responsible for planning and providing different short term gender training, working research in the area of gender and development and rendering consultancy service for the civil service bureaus and public sectors in the area of gender. In 2005 Ms Konjit Worku Gizaw was working for the Evangelical Church in several rural development projects and in 2004 she was private consultant and trainer for the World Food Programme (WFP).

List of Participants

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Kantha Phavi, Dr.	Ing	Ministry of Women's Affairs	Phnom Penh
Kinzett	Steve	Reproductive Health Supplies Coalition (RHSC)	Brussels

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Planer-Friedrich, Dr.	Götz	Protestant Church in Germany	Berlin
Poluda	Julian	Health Focus GmbH	Potsdam
Pradhan	Anjushree	Charité	Berlin
Pravda	Hans		Berlin
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Radeke, Dr.	Claudia	KfW Entwicklungsbank	Frankfurt
Rahlenbeck	Sibylle	Fistula Clinic e.V. Addis Abeba	Berlin
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Rieth	Gudrun		Berlin
Roig	Emilia	Hertie School of Governance	Berlin
Rottmann	Katherine	University of Hanover	Hanover
Rudner, Dr.	Nicole		Berlin
Rwasamanzi, Dr.	Jean-Paul	Akagera-Rhein e.V.	Nuremberg
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Sagor	Ellisa	German Parliament, Committee on Human Rights and Humanitarian Aid	Berlin
Schäfer	Sandra	Association of the German Catholic Housing Companies e.V.	Berlin
Schiplak	Barbara		Berlin
Schlegelberger, Prof. Dr.	Bruno	Berlin	
Schliebs	Maike	German Foundation for World Population (DSW)	Hanover
Schmalisch	Grit	Journalist	Berlin
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Schröder	Rüdiger		Berlin
Schröder	Ulrike	Bayer Schering Pharma AG, Corporate Communication	Berlin
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Tautz	Siegrid	evaplan GmbH	Heidelberg
Thiemann-Huguet	Nathalie	World Vision Deutschland e.V.	Berlin
Thorn	Christiane	Humboldt University Berlin	Berlin
Thorn	Judith	German Parliament, Office Sibylle Pfeiffer, MdB	Berlin
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Übelhör	Julia	International Labour Organisation (ILO)	Berlin
Urwantzoff, Dr.	Nina	Misereor e.V.	Aachen
Vainio	Ilari	Bayer Schering Pharma Oy	Helsinki
Vedia de Heins	Eunice	Embassy of the Republic of Bolivia	Berlin
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Wagenfeld, Dr.	Andrea	Bayer Schering Pharma AG female health care	Berlin
Walter	Kai	Journalist	Berlin
Watermann	Ute	German Parliament, Office Monika Knoche, MdB	Berlin
Watson	Fiona	International Planned Parenthood Federation (IPPF)	London
Wegelin, Dr.	Madeleen	Royal Tropical Institute	Amsterdam
Werbke	Hans-Joachim	Journalist	Berlin
Wiemers	Matthias		Berlin
Wolff, Dr.	Thomas	GITEC Consult	Düsseldorf
Woods	Naomi	Hertie School of Governance	Berlin
Wulff	Gerda		Bremen
Xornam Adzraku	Aku	International Planned Parenthood Federation (IPPF)	Laterbiokorshie, Ghana
Yaffai	Abdahmed	Embassy of the Republic of Jemen	Berlin
Zacher, Dr.	Winfried	German Development Service (DED)	Bonn
Ziebarth	Stephanie		Berlin
Zinser. Prof. Dr.	Robert	Rotarian Action Group for Population and Development	Ludwigshafen

Programme 6th International Dialogue

6th International Dialogue on Population and Sustainable Development

Monday, 8 October 2007

Opening of the 6th International Dialogue with Evening Panel Discussion 'Rapidly Growing Cities – Opportunities for the Future of Children, Young People and Women in the Developing World?'

5:00 – 6:00 pm **Arrival, Registration and Coffee**

6:00 – 6:15 pm **Welcome**
Franziska Donner
Director GTZ Office Berlin, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Berlin
Ulrich Köstlin
Executive Board Member Bayer Schering Pharma AG, Germany

6:15 – 6:30 pm **Kick off** – Visualising World Population Development – Data set in a new light
Staffan Landin
Gapminder Foundation, Sweden

6:30 – 8:00 pm **Plenary Discussion**
Heidemarie Wieczorek-Zeul (tbc)
Federal Minister for Economic Cooperation and Development (BMZ), Germany
Anna Kajumulo Tibaijuka
Executive-Director, United Nations Human Settlements Programme (UN-HABITAT), Nairobi, Kenya
Gill Greer
Director-General, International Planned Parenthood Federation (IPPF), London
Marcelo Ebrad Casaubon (tbc)
Mayor, Mexico City
H.E. Most Rev. Orlando Beltran Quevedo
Archbishop of Cotaboto City, Philippines and President of the Catholic Bishops' Conference of the Philippines (CBCP)

Moderation: **Conny Czymoch**, Phoenix TV, Germany

8:00 pm **Reception**

Tuesday, 9 October 2007

6th International Dialogue on Population and Sustainable Development 'Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World'

9:00 – 10:00 am **Registration and Breakfast**

10:00 – 10:15 am **Welcome Address**
Ulrich Köstlin
Executive Board Member, Bayer Schering Pharma AG, Germany
Jörg-Werner Haas
Director of Division Governance and Democracy, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, Eschborn

10:15 am **Opening Address**
Heidemarie Wieczorek-Zeul (tbc)
Federal Minister for Economic Cooperation and Development (BMZ), Germany

10:30 am **Keynote Addresses**
Rogelio Fernàndez-Castilla
Director Technical Support Division, United Nations Population Fund (UNFPA), New York
Sharon Camp
President and CEO, Guttmacher Institute, New York
Alex C. Ezeh
Executive Director, African Population and Health Research Centre (APHRC), Kenya
Carolyn Stephens
Senior Lecturer, London School of Hygiene and Tropical Medicine (LSHTM), London

Discussion

1:00 – 2:00 pm **Lunch**

2:00 – 4:00 pm **Workshops**

Group 1: Women Empowerment and Gender Equality
Input: **Susanne Mueller**
Projectmanager promotion of women's rights, GTZ, Phnom Penh, Cambodia
Chair: **Claudia Radeke**
First Vice President East and West Africa, KfW Entwicklungsbank, Frankfurt

Group 2: Youth and Adolescence in Urban Areas with the Linkage to Reproductive Health and HIV/Aids Prevention
Input: **Mel Rose Dingal**
Youth Representative, IPPF, Philippines
Chair: **Jörg F. Maas**
Executive Director, German Foundation for World Population (DSW), Hannover

Group 3: Sexual Reproductive Health and Rights in Urban Areas
Input: **Gabriel Ojeda**
Director, pro familia, Colombia
Chair: **Ulrich Knobloch**
Head Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, GTZ, Eschborn

Group 4: Good Governance and Participation of Civil Society
Input: **Aku Xornam Adzraku**
Youth Representative, IPPF, Accra, Ghana
Chair: **Ute Schwartz**
Head of Division Health, InWEnt – Internationale Weiterbildung und Entwicklung gGmbH (Capacity Building International), Bonn

4:00 – 4:30 pm **Reporting from the Working Groups**
Chair: **Jörg-Werner Haas**
Director of Division Governance and Democracy, GTZ, Eschborn

Discussion

4:30 – 5:00 pm **Conclusions and Next Steps**
Ingar Brueggemann
Member of the Board of the German Committee for United Nation's Children's Fund (UNICEF) and DSW, Berlin

The Conference day will be led by Ulrich-D. Madeja, Bayer Health Care, Berlin, Germany.

Publications
of International Dialogues

6th International Dialogue on Population and Sustainable Development, Meeting the Challenge – Sexual and Reproductive Health and Rights in an Urbanising World, Berlin 2008.

5th International Dialogue on Population and Sustainable Development, Demographic Dynamics and Socio-Economic Development, Berlin 2007.

4th International Dialogue on Population and Sustainable Development, Promoting Adolescent Sexual Knowledge and Responsible Behaviour, Berlin 2006.

3rd International Dialogue on Population and Sustainable Development, Implementing the Millennium Development Goals, Berlin 2005.

2nd International Dialogue on Population and Sustainable Development, Ways out of the Crises – Reproductive Health in Need of New Ideas, Berlin 2004.

1st International Dialogue on Population and Sustainable Development, Reproductive Health – Stepchild of the International Community, Berlin 2003.

*Most of these publications are also available on our website:
http://www.dialogue-population-development.info

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